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### HAPPENINGS OF THE NOW LONG PAST: THE CENTENARY OF THE MEDICAL SOCIETY OF VICTORIA.

By HOWARD BOYD GRAHAM,  
Melbourne.

There is a point up to which one may proceed,  
if one may go no further.  
BACON—*Promus* 330.

#### INTRODUCTION.

ON July 19, 1852, the Victoria Medical Association adopted its rules and regulations. Members of the medical profession in Victoria have held regular scientific and business meetings for one hundred years without interruption. The identity of the Medical Society of Victoria has been preserved as a corporate body, though since the beginning of 1907 it has been fused with the British Medical Association (Victorian Branch).

It is fitting that the early history of medical affairs in Victoria should be recorded compactly. It is extremely difficult to obtain consecutive information on this subject from books and medical journals, and it has been found necessary to avoid biographical digressions and lengthy expositions which would have interrupted the narrative. A wide search of original sources of information has been made to ensure accuracy and nothing relevant has been intentionally omitted. It is fortunate that the original minutes have been preserved; they have been made available and have been extracted for suitable use as quotations which are indicated in the usual manner in the narrative.

An attempt has been made to provide a background to serve as a means of orientation and for the elucidation of origins. It is hoped that this humble contribution will stimulate others to vivify the story by enrichment of the more interesting features. Victoria is one of the most flourishing of British communities and has a romantic history. In the building of that history the participation of the medical profession has had a conspicuous effect.

#### PROLOGUE.

The thoughts naturally led to the contemplation of future possibilities. I beheld a second Rome, rising from a coalition of banditti. I beheld it giving laws to the world, and superlative in arms and in arts, looking down with proud superiority upon the barbarous nations of the northern hemisphere.

Lieutenant Tuckey at Port Phillip, November, 1803.

It may add interest to the relation of the formation of the Port Phillip Medical Association if an attempt is made to traverse the facts about the ships and Europeans who visited the shores of the future State of Victoria before it was permanently colonized. Despite the numerous attempts that have been made to sketch this subject, accuracy and completeness are elusive; in trepidation that another failure will be registered, we shall try again.

The east coast of Australia was discovered by Lieutenant James Cook in command of the "bark" *Endeavour*. The First Lieutenant, Zachary Hicks, reported land in sight and the point was named for him by Cook. Point Hicks, owing to inaccuracy in charting, cannot be positively identified; but it is about midway between Cape Howe and the mouth of the Snowy River. Surgeon Monkhouse doubtless joined the group of interested observers of the strange new coastline, perhaps the first medical man to look upon the future State. No landing was made until, nine days later, Botany Bay (Sting Ray Harbour) was reached on April 29, 1770.

On February 9, 1797, the *Sydney Cove*, en route from India to Sydney, ran ashore between Preservation and Rum Islands in the Furneaux Group. Mr. Clarke, the supercargo, the chief mate and fifteen others of the company attempted to make Sydney in the long boat; but they were again wrecked, on the mainland to the southwest of Cape Howe. Mr. Clarke with one sailor and a lascar were the sole survivors of this party; they reached the Sydney settlement with a terrible tale to tell. The schooner *Francis* was sent to the wreck of the *Sydney Cove* and, after a long delay, Captain Hamilton and the remainder were rescued. Mr. Clarke's party were the first Europeans known to tread the Victorian soil.

It is conceded by all that George Bass was at Western Port from January 5 to January 18, 1798; and a brass mural is in the entrance to the Medical Society Hall, East Melbourne, to commemorate this event. He was the first doctor to land anywhere in the territory of the future State. His discovery of the separation of Van Diemen's Land from the mainland was an important factor in arousing interest in the possibilities of the northern shores of the strait named for him and their eligibility as sites for permanent settlement.

In December, 1800, Lieutenant James Grant, in command of the little brig *Lady Nelson* reached the present western boundary of the State, surveyed the coastline officially and passed through the strait on a voyage from England to Sydney. Grant reported the presence of an inlet to the west of Western Port and named it Point Nepean; but he pushed on to Sydney somewhat hastily. Governor King sent him back to complete the survey; but he did not make a landing or enter a port on the mainland after leaving King Island, or go beyond Western Port. Grant obtained leave to proceed to England in October, 1801; and Lieutenant John Murray succeeded him in command of the brig. Early in 1802 *Lady Nelson* had the further distinction to be the first ship to make the passage through the strait in the other direction. On that voyage Port King (known later as Port Phillip) was discovered. Lieutenant Bowen, in a ship's launch, entered the harbour on February 2; but *Lady Nelson* was delayed by foul weather until February 15. Murray stayed around the southern portion of the harbour for three weeks. He investigated the shores and the surrounding country and left for Sydney on March 12.

The French discovery ships *Le Géographe* and *Le Naturaliste*, under Baudin and Hamelin, were the next to arrive in the southern waters. The track charts from Freycinet's Atlas of 1812 make it clear that they did not make a landfall. Even from the mastsheads, no one, at any stage, could see the port or its entrance. Baudin's vessel passed through the strait and, on April 8, 1802, Baudin and Flinders met at Encounter Bay.

Flinders, in *Investigator*, continued his journey eastward and on April 26 found the entrance to Port King, which the Frenchmen had missed. At first he thought he was at Western Port; but he soon realized that he had come upon another harbour and that it was a far better one. He made landings and excursions to the east and to the west, but did not go up to the head of the inlet. It was not until he reached Sydney, on May 9, that he learned of the priority of Murray and Bowen. Robert Brown was with Flinders as a member of his technical staff. He seems to have combined the duties of ship's surgeon and chief botanist to the expedition. It is known that Brown went to Edinburgh University to do the medical course and that for five years immediately before sailing with Flinders he had seen service as a commissioned assistant surgeon in the army. Brown, then, was the second medical visitor who landed in the area under consideration.

The third one was McCallum, who was the surgeon in an official party sent from Sydney to survey the new inlet. The Surveyor-General of New South Wales, Mr. Charles Grimes, was in charge of the expedition. They arrived at their destination in *Cumberland*, the ship which was to be linked later to the fate of Matthew Flinders. They found the mouth of the River Yarra on February 2, 1803. The voyage was associated with the supposed risk of being forestalled by French colonists. The commander and navigator of the schooner was Lieutenant Robbins, who had raised the British flag grotesquely at Sea Elephants Bay, on the east of King Island, earlier in the voyage. James Flemming was on the staff as an agricultural expert. He had instructions to look for suitable soil for cultivation to alleviate the anxiety about the food supply. Flemming kept an interesting diary which has been published. He constantly refers to McCallum as "Doctor", but does not use his Christian name. Very little is known of the career of this third medical visitor. Grimes, Robbins, Flemming and McCallum made such frequent landings from the ship's boat that they practically walked around the bay from the site of Sorrento in the east to that of Queenscliff

in the west. When they were between the present Dromana and Sandy Point on Western Port, McCallum collapsed and held the party up for two days. The weather was oppressively hot and the officers were clothed in warm under-clothing and heavy service uniforms.

Lieutenant-Colonel David Collins, who had been a senior officer under Governor Arthur Phillip in the original settlement at Sydney, was sent from England to form a new settlement on either shore of Bass Strait. From October 16, 1803, to February 20, 1804, he formed a colony at Sullivan Bay, eight miles east of the entrance to Port Phillip Harbour. His daily "General and Garrison Orders" have been preserved and published. The party arrived in His Majesty's ship *Calcutta* (Captain Daniel Woodruffe) and the transport *Ocean* (Captain Marthew). The medical establishment at Sullivan Bay consisted of Mr. William Janson, surgeon, Mr. Matthew Bowden, first assistant surgeon, and Mr. William Hopley, second assistant surgeon. Mr. Edward Brumley, later to become surgeon superintendent at Sullivan Cove, River Derwent, was the ship's surgeon in *Calcutta*, and we know that he was ashore; the Reverend Robert Knopwood, chaplain to the settlement, noted in his diary that Brumley dined with him. Two notables of this early temporary settlement were Johnny Fawcner, then a lad of about ten years, and the escapee William Buckley, who lived with the aborigines until July, 1835. Fawcner was destined to be a Melbourne worthy and Buckley a pathetic though interesting figure on either side of the strait. Collins looked further afield for a permanent settlement and found it on the Derwent in Van Diemen's Land. He transferred his entourage, his Royal Marines and his convicts, who numbered about 330, in two divisions, on January 30 and February 16, 1804. Thus the attempted colonization of Port Phillip led to the establishment of Hobart Town. Sullivan Bay, Port Phillip, and Sullivan Cove, Van Diemen's Land, were named by Collins after Mr. John Sullivan, permanent Under Secretary for the Colonies.

In a discussion on the white persons arriving at various points on this south-east coastline of Australia, the crews of whaling and sealing ships should be mentioned next. James Bonwick has observed that Portland Bay was "well frequented before its supposed discovery in 1802". The whalers came from Sydney, King Island and Van Diemen's Land, landing and camping here and there for short periods. Their comments and gossip started rumours about the suitability of various sites for permanent occupation and the raising of stock. We know that Captain Campbell, in the sealing brig *Snow-Harrington*, rescued Lieutenant Boullanger and eight sailors of *Le Géographe*, who were in a boat charting some features of the coast when the storm descended which separated the two French ships early in March, 1802. They were lucky enough to run across *Le Naturaliste* on the way to Sydney and were able to inform Captain Hamelin that the sister ship had gone westwards through the strait. Hamelin had spent eight days in Western Port and had landed on the inner island, which is still known as French Island. His medical staff must be added to our list of early medical visitors.

The return of Captain Louis de Freycinet, in 1817, in charge of *Urane* and *Physicienne*, and his careful revision of charts aroused new official forebodings that the French intended to form a colony somewhere on the south coast. Another similar incident occurred in 1824, when the Baron de Bougainville arrived with *Le Thetis* and *L'Esperance* on a scientific expedition to the South Pacific area; his father, Louis de Bougainville, was an officer under Baudin in *Le Géographe*. There were also other and later French naval officers in their ships in these waters, at the expense of the French Government; and their records were received and published officially.

Too great a digression into the subject of the French menace is unwarrantable here; enough has been traversed to establish the bearing it had on colonization away from the extending main establishment at Sydney Cove, and to indicate that the names of some French naval or marine medical officers must be included if an honest attempt is made to complete the sequence of early medical visitors.

In 1824 Governor Brisbane gave official sanction to Hamilton Hume and William Hilton Hovell to conduct an overland expedition to Western Port from Sydney. They were especially instructed to search for any rivers running southwards or eastwards. They really reached the coast just to the west of Port Phillip Bay. They found excellent pastures and were able to report very favourably on the area. Hovell was a retired merchant sea captain and the older man; and he insisted that they were between Western Port and Port Phillip. They did not stay long, but turned for home on December 18, 1824. Hume was by no means inexperienced and he reported confidently that the good land found was to the west of Port Phillip. Their journal is available and contains a lot of interesting details. John Batman, of Hobart, Van Diemen's Land, a school fellow of Hamilton Hume, visited Hume at their common birthplace, Parramatta. He returned to Hobart fired with the ambition to organize an influential private permanent settlement on the mainland across the strait.

In 1826 Governor Darling acted on instructions received from London to take possession of harbours likely to attract foreign colonists—Western Port and King George's Sound were specifically mentioned. It is of interest to note that, at the time, King George's Sound was the name used for that portion of Bass Strait from the South Cape of Wilson's Promontory to Cape Liptrap; it had been so named by James Grant. Darling sent ill-equipped detachments to Western Port and to King George's Sound near the south-west corner of Australia, eastward and to the leeward of Cape Leeuwin. These official attempts at colonization were a failure; the personnel had to be withdrawn. The planning was so puerile that even implements to dig and till the soil were omitted. It is not surprising to find that no provision was made for medical attendance on the personnel after they left the ships; there was probably a surgeon in His Majesty's ship *Fly*. This vessel was commanded by Captain Wetherall and was accompanied by two brigs, *Dragon* and *Amity*. Colonel Stewart was in military charge of detachments from the 3rd (Buffs) and 39th Regiments, to be divided between the settlements. Captain Wright, supported by Lieutenant Burchell, was in charge at Western Port. Major Lockyer, of the 39th Regiment, was commandant at King George's Sound. "Botany Bay" prisoners were expected to do the work; the military force was to back up the management and thus to get the work done. Captain Wright established a small fortified camp near the eastern inner head of Western Port (Settlement Point), close to the present site of Corinella, and a small fort on Phillip Island near by. They found traces in the vicinity, and also on the island still known as French Island, of the previous temporary visit of the party from *Le Naturaliste*. Wright's settlement was abandoned within the year; the second attempt to colonize the southern portion of New South Wales on the convict plan had failed ignominiously.

On January 11, 1827, John Batman and Joseph Tice Gellibrand were the signatories, on behalf of the Van Diemen's Land Company, of a memorial to the Governor, Lieutenant-General Darling, seeking authority to establish a settlement at Western Port or thereabouts; but the authority was withheld.

Forward steps were also being taken at Portland Bay. Captain William Dutton had a house at the head of that bay in July, 1829. He occupied it when ashore from whaling in Portland Bay and more southerly waters. There were several other whaling and sealing parties at Portland and at Port Fairy before there was any permanent home on the shores of Port Phillip Bay. February 17, 1834, is the date of Thomas Henty's memorial to Mr. Stanley, Secretary of State, making application for a grant of land around Portland. Edward Henty arrived there, however, in *Thistle* on November 19, 1834, with retinue, equipment and livestock. The first furrow was ploughed in December. When Lieutenant-Colonel Thomas Livingstone Mitchell, Surveyor-General of New South Wales, appeared there unexpectedly on August 29, 1836, he and his exploring party were confounded to find an extensive and flourishing establishment.

John Batman's party embarked in *Rebecca*, of which the master was Captain Harwood, on May 10, 1835. After a minor delay at Western Port, they entered the heads of Port Phillip Bay on May 29 and set up a base at Indented Head before passing up to the top of the harbour. In the following July William Buckley surrendered himself to some of the party at Indented Head when they were at work on the cultivation of a piece of ground. On June 6 and the next day Batman negotiated his famous "purchase" of two large areas to the north and to the west of the harbour. Gellibrand had drawn up the conveyances that were "signed" by the chiefs of the local tribes. The idea was not original, as a precedent existed, but the deal was later declared not legal. Blackburn has made a good case for the presumption that Batman's conference with the native chiefs took place on the east bank of the Plenty River about three miles north of its junction with the River Yarra. The incredible presence in the locality of Mrs. Selina Smith, from Hobart, should be noticed *en passant*; she was accepted by kindly aborigines, who cared for her on the assumption that she claimed to be the mother of William Buckley.

It is probable that the project of the members of the Van Diemen's Land Company became known to John (Pascoe) Fawcner, the proprietor of the Cornwall Hotel in Launceston. He and five local residents, with "hands used to work and minds resolved to labour", combined to migrate across the strait. They left George Town on July 27, 1835, with Captain Hunter in *Enterprise*, but encountered a storm which upset Fawcner so much that they returned with him. Before riding back to Launceston he appointed Captain John Lancy to be his deputy and sent the expedition forward with written instructions. They were to examine Western Port closely and, if they failed to find a very attractive site there, they were to search the east coast of Port Phillip Harbour for a good watered position; and, if necessary, they were to go on to the extremity of the bay to settle on the Freshwater River marked on the navigator's charts. They followed these instructions faithfully and reached the Yarra basin on August 15. Undeterred by a visit from John H. Wedge to tell them that they were trespassing on the company's purchased property, they set to work without delay on the building of houses, sowing of wheat and planting of gardens. Fawcner joined them about six weeks later. It is of contemporary medical interest to record that Mr. William Jackson, one of the six members of the Fawcner group, was the uncle of the late Dr. E. Sandford Jackson, of Queensland.

#### PORT PHILLIP SETTLEMENT.

Fulfilling beyond thought the dreams we share  
For these to-morrows our to-days prepare.

—John Masfield, 1934.

In the settlement of Port Phillip district the Henty group at Portland, John Batman's expedition and that of John Pascoe Fawcner share the early pioneering honours and claims for priority.

John Batman returned to the encampment on the Yarra on November 9, 1835, accompanied by several other members of the Port Phillip Association, *olim* Van Diemen's Land Company. They brought stores, servants, equipment and cattle. Barry Cotter came with them in a managerial capacity; he was the first doctor in the new community. He erected a house for himself, which had been pre-cut, on the future site of the English, Scottish and Australian Bank where Queen Street crosses Collins Street. In December, 1835, he delivered the first Melbourne-born baby, John Melbourne Gilbert, son of James Gilbert, the blacksmith, and his wife Mary.

The cattle which arrived in *Norval* with John Batman on November 9, 1835, were fifty Herefords belonging to Dr. Alexander Thomson. Thomson owned several ships, including steamships, and a 4000-acre property known as "Logie", situate on Break-o'-Day Plains, St. Patrick's Head, near the east coast of Van Diemen's Land. He preferred to act independently of the Port Phillip Association,

although he was in sympathy with its objectives and was prepared to cooperate as a settler. He was a man of great versatility and initiative; a lay preacher, he conducted the early unofficial religious services on the Yarra at his tent door. He collaborated closely with the founders of Geelong. Thomson was officially appointed, on October 19, 1836, to be the first government medical officer to the settlement, at a salary of £200 per annum, but resigned the appointment at the end of 1836 to move out to the Barrabool Hills, where he had a holding which included the future site of Geelong. He arrived at the Port Phillip Settlement in March, 1836, in *Caledonia*, accompanied by his wife and little daughter. Dr. Norman Wettenhall, of Melbourne, is a direct descendant through the Creswick family.

Dr. Barry Cotter succeeded Dr. Thomson as government medical officer, but in September, 1837, was superseded by a military surgeon, Patrick Cussen, who was sent from Sydney to fill the post. Cussen was thus the third resident doctor and soon became a leading member of the community. He arrived in the steamer *James Watt*.

Dr. Jonathan Clarke, manager for Gellibrand at Lara, in 1836, was the first official medical officer at Geelong. He may have a claim to oust Patrick Cussen from third place; it depends on whether we include Geelong in the Port Phillip settlement, and it does not really matter.

Edgar Lovell Byass was in practice at Portland in 1838 and George MacKay settled that year at Myrree in the Owens Valley. David John Thomas, David Elliott Wilkie, John Sproat and William Byam Wilmot, the first coroner, reached the settlement in 1839. Announcements in the *Port Phillip Gazette* in 1839 supply us with the information that, in June, Dr. David Patrick entered into partnership with Dr. Wilkie and, in October, Dr. Cotter was joined by Dr. McCurdy, an experienced practitioner from Edinburgh. There was an important accession to the medical fraternity in 1840 which included the arrival of Dr. Godfrey Howitt and Dr. A. F. A. Greeves in April, Dr. Forster Shaw in July, Dr. Edward Barker in August, Dr. James Frederick Palmer in November, and Dr. J. B. Clutterbuck in December.

The reaction of the leading officials to the private colonization that was proceeding without sanction forms an interesting study. Colonel Arthur, Lieutenant-Governor of Van Diemen's Land, reported the early events promptly to London by letter, dated July 4, 1835, and later to his superior officer, Sir Richard Bourke, Governor of New South Wales. Arthur was sympathetic and could see commercial advantages for Van Diemen's Land. He tried to have the new area added to his charge and withdrawn from that of the headquarters at Sydney, but was unsuccessful. On August 26, 1835, Bourke published a proclamation declaring that all persons found in possession of Crown lands from Cape York to Wilson's Promontory without licence or authority would be treated as trespassers. Early in 1836 Captain Hobson was sent from Sydney in His Majesty's ship *Rattlesnake*, which had replaced *Lady Nelson*, to survey the northerly portion of Port Phillip Bay; later this water was named Hobson's Bay. On May 6, 1836, Mr. George Stewart, a magistrate of Goulburn, left Sydney in the revenue cutter *Prince George*, under official instructions to investigate and report on the happenings at Port Phillip. He arrived on May 25, interviewed Mr. John Wedge and other residents, and was present on June 1 at the first public meeting held at Port Phillip. At that meeting provisional arrangements were made for local government and for the maintenance of orderliness in community affairs. Mr. James Simpson was appointed chairman and he agreed that he would be arbitrator between individuals disputing on all questions excepting those relative to land. He was empowered to impose fines and was indemnified in the execution of these duties. Residents not present were to become parties to the resolutions. All subscribing parties bound themselves to protect aborigines, but to prevent them from coming into possession of firearms. They also decided to petition Governor Bourke to appoint a resident magistrate and the necessary assistants. Dr. Alexander Thomson took a prominent part in these proceedings. Mr. George Stewart

returned to Sydney and provided a comprehensive report to the Governor on June 18.

A conference was convened at Sydney to be attended by representatives of the residents of Port Phillip Settlement. It was to be held on October 19, 1836, and, in addition to Messrs. Gellibrand, Swanston and Simpson, representing the Port Phillip Association (Geelong and Dutigalla Association), Mr. Dobson, representing forty-four independent memorialists who had migrated with capital and stock from Van Diemen's Land, and several other persons were expected to attend. A separate memorial was sent by a group of seven settlers including two Sutherlands, R. Lewis and W. J. T. Clarke. Sir Richard Bourke accepted the *fait accompli*; without waiting for the conference he sent Captain Lonsdale, of the 4th Regiment, to the settlement as its commandant. He was accompanied in *Rattlesnake* by three surveyors—Russell, Darke and D'Arcy—a constable, a customs officer, and a military detachment of thirty other ranks commanded by Lieutenant King. They arrived at Bearbrass (which was at the time the title of the little settlement) on October 1, 1836. Bourke had received instructions conferring on him executive power to regularize the anomalous situation. He acted on Stewart's report and the facts stated in the letters and memorials sent for the conference. Lonsdale was told to exercise tact. He was to allow free persons, with or without stock, to pass into the district; but he was to warn newcomers and established residents that possession would not entitle anyone to legal acquisition or to any advantage when the allotments were offered for sale at public auction. He was to lay the district out by survey and mark by measurement certain town blocks; and he was to take a census of the people and of their animals. He found a home with John Batman until one was built nearby for him. His administration was successful, though naturally some of his decisions cut across the interests of residents and were adversely criticized.

In March, 1837, Sir Richard Bourke and staff travelled with Captain Hobson and regularized the occupation of Port Phillip Settlement in person. In rapid time regulations were made for town allotments and rural runs. There was no further question of "trespass". The surveyors laid out three townships—William's Town, Melbourne and Geelong—and land sales were held. Though normally the sales would have been conducted at Sydney, Bourke generously permitted the first two to be held at the site of the allotments. This action favoured the buyers on the spot rather than speculators. Robert Hoddle, the surveyor sent down from Sydney, supervised the final surveys and actually conducted the auction sales. At the first sale, on June 1, Dr. Alexander Thomson became the owner of Allotment number 8 of Section number 4 in Melbourne; and Dr. Barry Cotter bought Allotment number 11 of Section number 12. Thomson paid £46 and Cotter £30. At the second Melbourne sale, on November 1, 1837, Dr. Cussen paid £39 for Allotment number 14 of Section number 19.

Section number 4 is bounded by Flinders, Collins, Queen and Elizabeth Streets. The corner allotments of each section were numbered 1, 8, 11 and 18. Thomson's purchase was the corner of Flinders and Elizabeth Streets. The area of each allotment was one rood and thirty-six perches; the four perches from each allotment provided room for the narrow streets, fifty links wide, which alternate with the main roads, the width of which is one hundred and fifty links. Section number 12 is the area bounded by Collins, Bourke, Elizabeth and Swanston Streets. Cotter obtained the south-west corner of Bourke and Swanston Streets; but he did not retain the ownership. He also trafficked in the ownership of the famous north-east corner of Collins Street and Elizabeth Street. The boundaries of Section number 19, where Cussen bought his allotment, are Bourke, Lonsdale, William and Queen Streets.

At the third sale of Melbourne allotments, held at Sydney on September 13, 1838, an upset price of £75 was fixed for each "half acre". Dr. Thomas Black, of Penrith, bought two allotments. He paid £129 4s. for Allotment number 10 of Section number 6; and he paid £167 4s. for

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Allotment number 18 of the same section. Section number 6 is bounded by Swanston, Collins, Russell and Flinders Streets. Allotment number 10 was the northern corner of Flinders Lane and Russell Street. Allotment number 18 was at the corner of Collins and Swanston Streets.

A little later Dr. Godfrey Howitt also obtained a Collins Street corner, half of which he offered for lease for ten years at a rental of £20 annually. Land that has since become inner suburban was sold in lots of approximately twenty-five acres at prices which varied between £4 and £20 an acre. Much larger blocks a bit further out brought only one or two pounds an acre.

Dr. Cussen had an infirmary in one of the two rooms in a sod-hut, which was in line with Flinders Lane, where the Western Market was subsequently placed; the other room was the post office and was also used by the constable and the magistrate. The sod-hut was knocked down by rioters or by John Batman's bull. It was replaced by a slightly bigger wooden structure. It was not long before rudimentary representatives of essential institutions and some social amenities were established; and the infant town boomed with business.

In June, 1837, there were only 36 houses in the settlement. In a short time there were 300 houses and 1800 people. The first census was taken in 1838; there were 3080 males and 431 females. The imports for 1839 were valued at a little over £200,000 and the exports at about £77,000. Land revenue, amounting to just under £130,000, went to Sydney in the first four years; the expenditure in that period exceeded the revenue from other sources by nearly £20,000. The transference of land revenue to Sydney was bitterly resented, especially when a general recession occurred in 1841. Later on, these sources of revenue were used to assist the British migrants to reach the colonies; and it was spent equitably on migration to each of the contributory settlements.

At the second census, in 1841, it was found that the Port Phillip Settlement contained 11,738 persons, of whom 4479 were at Melbourne.

In 1840 a group of clergymen made a successful appeal for subscriptions for a hospital. John Pascoe Fawkner loaned a house on the south side of Bourke Street, between Elizabeth and Swanston Streets, and there Melbourne's first public hospital was duly opened. Dr. Wilkie, Dr. Thomas, Dr. Myers and Dr. O'Mullane staffed it in an honorary capacity. The bed strength was twenty and there was an out-patients' department.

A search has been made of the lithographed facsimile of the address to the Duke of Edinburgh at the end of 1867, which was signed by old colonists of twenty-five years' standing. The names of the following physicians and surgeons have been identified and the dates of arrival are supplied, in each instance in the signatory's handwriting: D. J. Thomas (January, 1839), David E. Wilkie (March 10, 1839), Godfrey Howitt (April, 1840), Augustus F. A. Greeves (April 7, 1840), Forster Shaw (July 10, 1840), Edward Barker (August, 1840), J. F. Palmer (November, 1840), James Bennett Clutterbuck (December, 1840), Thomas Wilson, M.D. (June, 1841), W. H. Campbell (December 31, 1841), Allan R. Macdonald, M.D. (1842), and Thomas Black (September, 1842).

The Medical Board of New South Wales required that all who practised medicine or surgery should register name and address. The first roll of legally qualified medical practitioners of the Port Phillip District of New South Wales was printed in "Kerr's Directory" for 1842. It contains the names of seven physicians and five surgeons as under:

Physicians: Jonathan Clarke, Assistant Colonial Surgeon, Geelong; Patrick Cussen, Assistant Colonial Surgeon, Melbourne; Farquhar McCrae, J.P., La Rose, Moonee Moonee Ponds, Melbourne; Henry Lewis O'Hara, Little Bourke Street, Melbourne; Arthur O'Mullane, Little Collins Street, Melbourne; Forster Shaw, Bayview Cottage, North Corio; William Byam Wilmot, Coroner for the district, Melbourne.

Surgeons: James Frederick Palmer, Flinders Street, Melbourne; John Patterson, R.N., Agent for Immigration, Melbourne; Charles John Sanford, Collins Street, Melbourne; David John Thomas, Bourke Street, Melbourne; Henry Watson, Collins Street, Melbourne.

"Garryowen" comments on this first roll, stating that "in 1841, the profession in Melbourne numbered nine physicians and nine surgeons". He also says that eleven physicians and ten surgeons "had not thought proper to comply with the law, but they did so afterwards". These confident statements by Edmund Finn, who started his *Chronicles of Early Melbourne* in July, 1841, and checked and cross-checked them carefully, form a challenge to supply the missing names. Barry Cotter was absent on a trip to Europe and did not return until 1843. There is no information about his partner McCurdy, unless he can be identified with one "Curdie" who went to the western district.



GODFREY HOWITT.

Arthur O'Mullane succeeded to Cotter's practice. Ten out of twelve on the roll have Melbourne addresses, so we need eight more with Melbourne addresses; and we can name nine—Wilkie, Sproat, Howitt, Greeves, Hobson, Barker, Myers, Campbell and Clutterbuck. "Garryowen" may have considered Edward Hobson as a country practitioner. Hobson was very interested in Gippsland, particularly in and around Port Albert. He must, however, have been well known in Melbourne to be appointed with Cussen, Howitt and Wilmot to the first Medical Board in 1845. He was also selected for the initial staff of the Melbourne Hospital, and was honoured with a laudatory monument when he died before he could take up the appointment. Wilkie's partner, David Patrick, was a wool-grower at Cathkin on the Goulburn River. Clutterbuck soon went to Kilmore—he spelt it "Killmore" in the notification to the public.

If we add Finn's twenty-one defaulters to the twelve who were enrolled in 1841, the challenge requires the addition of thirteen names to those of Jonathan Clarke and Forster Shaw, who were at Geelong. That problem is almost insoluble now; quite a number of rural settlers were

medically qualified. We can name Alexander Thomson (Geelong), Hamlyn (near Killmore), George MacKay (Myrrhee, Owens Valley), Patrick (Cathkin), William Barker (Castlemaine), Pearson Rowe (near Mansfield), Cornelius Stewart (Port Albert), Byass (Portland), Imlay (Twofold Bay and Avoca River), Learmonth (Moorabool River and Buninyong), John Dickson (Goulburn River) and Thomas Wilson.

The colony, started by private enterprise and without convict or other cheap labour, made rapid progress. Melbourne was incorporated as a town in 1842 and became a city in 1847. The population of the Port Phillip District of New South Wales in 1846, when the third census was taken, had increased to 32,879. At the next census, in 1851, it had risen to 77,345. At that stage separation was achieved; Victoria became a separate colony. The gold discoveries attracted hordes of people and, by 1854, the population became 236,798.

#### THE PORT PHILLIP MEDICAL ASSOCIATION.

The primary objects of this Association shall be the promotion of medical knowledge and a more free professional intercourse. The more special objects shall be the formation of a medical library and museum, the reading of original papers on medical subjects, the introduction of a code of medical ethics and the establishment of a greater uniformity in professional charges.—October 6, 1846.

On May 16, 1846, a meeting was held at the Prince of Wales Hotel near the east end of Little Flinders Street, Melbourne, which was destined to be of great interest and importance for the local members of the medical profession. It was convened by a requisition signed by three representative leaders of the group. They were Dr. Patrick Cussen, Assistant Colonial Surgeon and Senior Government Medical Officer, Dr. William Byam Wilmot, the coroner, and Dr. Godfrey Howitt, leader of the private practising fraternity. The purpose of the meeting was to organize a society for the promotion of medical knowledge and a more free professional intercourse. Dr. Howitt was not able to attend and apologies were also received from Forster Shaw, George Playne, James F. Palmer and Jonathan Clarke, each of whom expressed his concurrence in the business afoot. Dr. Cussen occupied the chair and the others present were Thomas Black, William Henry Campbell, W. B. Wilmot, Arthur O'Mullane, Augustus Greeves, I. J. Keatinge, John Sealy Griffin, — Flemming, David John Thomas and David Elliot Wilkie.

After it had been decided to form a society and to name it The Port Phillip Medical Association, Mr. Keatinge was requested to act as secretary. Some discussion took place on the definition of the objects, but finally it was carried that the wording used in the circular convening the meeting should be adopted. Cussen, Howitt, Greeves, Wilkie, Black and Keatinge were appointed to draw up a code of rules and regulations for presentation, together with any other suggestions in conformity with the objects, to a general meeting to be held on June 2 at one o'clock p.m. The meeting then stood adjourned and was resumed on Monday, May 18, to receive the first report of the committee, which had already prepared thirteen rules and three suggestions. The ground covered was extensive. Membership was restricted to legally qualified medical practitioners residing within the district of Port Phillip, elected by ballot by existing members; the annual subscription of two guineas was to be paid in advance, and membership was terminated if the payment was two months in arrears. The affairs of the association would be managed by a committee consisting of three elected members and the office-bearers—president, vice-president, secretary and treasurer. Any five members could requisition a special meeting by approaching the president or the vice-president, but ordinary general meetings were to be held on the first Tuesday of each quarter at 7 p.m. at the Prince of Wales Hotel. The business at the quarterly meetings was to be papers and discussions on professional matters, including ethics, but personal allusions or disputes

were barred; each member had the opportunity to present material and the order in rotation was to be fixed by ballot "at the next preceding quarterly meeting". The meetings would be conducted in formal fashion, minutes were to be prepared, read and confirmed and signed by the chairman; members were to rise, address the chair, speak only once at most on a subject except in explanation or by way of reply after introducing the subject matter of the discussion. The members were to dine together at least twice a year, but the dinners were not to cost more than an extra guinea *per annum*. The funds of the Association were earmarked for office expenses and the formation of a library.

The suggestions were that a scale of fees should be drawn up with a view to uniformity of charges and the prevention of imposition on the profession; that the committee should be empowered to fill extraordinary vacancies between quarterly general meetings; and that minimum charges for town and country respectively should be established in the expectation that the members would adhere to them "as far as shall be possible in the circumstances of each case".

The first quarterly general meeting was held on July 3, but the attendance was disappointing; Cussen, Greeves, Thomas, Campbell, Wilkie and Keatinge were present. They confirmed the minutes of the original meeting and elected the office-bearers and committee members; Cussen was president, Wilkie vice-president, Keatinge secretary, and Wilmot was named as treasurer *in absentia*; Campbell, Greeves and Thomas were the committee members. Committee meetings were held on July 10 and July 17, at which Black was appointed treasurer *ad interim* because of Wilmot's refusal, and arrangements were made for an inaugural dinner for which one hundred invitations were to be printed; any member might introduce a medical friend "on the same terms as the members". We know that the dinner was held on July 29 and that the debt incurred to Mr. Murray, of the Prince of Wales Hotel, was "liquidated".

At general meetings on August 8 and 14, at which Howitt and O'Mullane joined the others, the laws were revised and twenty-five pounds were sent to Mr. Simmonds, of London, with a list of books and periodicals to form the nucleus of the library. The revision reduced the period of grace for payments to one month and ensured that any moneys paid other than for current expenses required signed authority of the committee of management; and the committee was required to account for its proceedings, expenditure and acquisition of property at each quarterly meeting. Committee work continued apace, but the enthusiasm of the secretary flagged; they had no less than thirty-three rules ready for the general meeting on September 4, a scale of fees and five ethical rules for September 11, and six more ethical rules for September 12. Wilkie was in the chair for all these meetings, and when Keatinge resigned he was prevailed upon to become secretary notwithstanding his office as vice-president. The roll of original members was prepared and certified by the treasurer on October 1, 1846. They are listed with degrees and diplomas in the following order: Wilkie, Greeves, Playne, Keatinge, Black, Clarke, Campbell, Cussen, Thomson, O'Mullane, Griffin, Thomas, Howitt, Wilmot, Shaw and Palmer. It is reasonable to assume that Dr. David Wilkie was the first financial member and the leading law-maker in the first medical professional association in the future State of Victoria. The definitive set of rules and regulations decided during the first few months of the existence of The Port Phillip Medical Association is of considerable interest; it was the outcome of discussions by this small group in a remote outpost of the far-flung empire and pre-dates the constitutions of the British Medical Association and of the American Medical Association. In those circumstances it is of sufficient historical importance to be published herein *in extenso*. The scale of fees was influenced by "a Table of Fees adopted and published by the Medical Practitioners of Aberdeen in 1829", a copy of which "was kindly presented to the Association by Mr. Keatinge" and is affixed in the minute book. The absence of any such acknowledgement in respect

of the 49 rules is supporting evidence of their originality. Some of them turned out to be contentious and ultimately wrecked the Association; but many of them have been incorporated in all the subsequent medical charters. By a strange coincidence the National Medical Convention was held at New York in May, 1846, and decided to organize the American Medical Association. Committees were formed to present reports to a second convention, at Philadelphia, in May, 1847, when that Association came into being.

#### Rules and Regulations.

1. That this Association shall be named the Port Phillip Medical Association.
2. That this Association shall consist of legally qualified medical practitioners residing within the Town of Melbourne and District of Port Phillip.
3. That the primary objects of this Association shall be the promotion of medical knowledge and a more free professional intercourse.
4. That the more special objects of this Association shall be the formation of a medical library and museum, the reading of original papers on medical subjects, the introduction of a code of Medical Ethics and the establishment of a greater uniformity in professional charges.
5. That each member shall pay an annual subscription of Two Guinea to the funds of the Association.
6. That any member whose payments to the funds shall be three calendar months in arrears shall cease to be a member of this Association.
7. That the admission of new members shall be determined by ballot at general meetings of the Association.
8. That each new member shall pay on admission an entrance fee of Two Guineas to the funds of the Association.
9. That the Office-bearers of the Association shall consist of a President, Vice-President, Secretary and Treasurer.
10. That the affairs of the Association shall be managed by a Committee consisting of the Office-bearers and three other members, of which committee three shall form a quorum.
11. That the Office-bearers and Committee of Management shall be elected annually by lists at the ordinary July meeting.
12. That in the case of any extraordinary vacancy in office, the Committee shall fill up the same *ad interim* until the next ordinary meeting.
13. That the funds of the Association shall be appropriated to the formation of a medical library and the defrayal of current expenses.
14. That the library and other property of the Association shall be vested in the Committee of Management for the time being.
15. That the selection of books for the library shall be determined at special meetings of the Association.
16. That the Committee shall report to each ordinary meeting an account of its proceedings and of the finances and prospects of the Association.
17. That the Committee shall furnish a roll of the existing members of the Association at each November ordinary meeting.
18. That the Association shall meet every month on the first Tuesday of the month at seven o'clock p.m.
19. That the President or Vice-President or, in case of their refusal, any three members may call an extraordinary meeting on giving the requisite notice.
20. That due notice of each meeting of the Association shall be given by circular to the members; and that four clear days shall intervene between such notice and the day of meeting unless otherwise provided for in the rules.
21. That any business proposed to be transacted at an extraordinary meeting shall be duly specified in the circular notice and the business of such meeting shall be confined to the same; but at ordinary meetings no such notice shall be necessary.
22. That at all meetings of the Association the Secretary shall call over the roll of the members and minute the names of those present.
23. That at all meetings of the Association the minutes of the previous meeting shall be read with a view to confirmation as a correct record and be signed by the chairman of such previous meeting.
24. That at each ordinary meeting of the Association the report of the Committee shall be considered with a view to confirmation or otherwise and be minuted.

25. That the special business of the ordinary meetings shall be the reading and discussion of original papers, cases and professional subjects, including medical ethics.

26. That each member shall rise in addressing the Chair and shall not speak more than once on the same subject except in explanation or by way of reply on his introducing a paper or a subject.

27. That all questions not otherwise provided for in the rules shall be decided by a majority of votes and, in case of an equality of votes, the President or his substitute shall have an additional or casting vote.

28. That voting by proxy shall not be allowed at any of the meetings of the Association.

29. That no personal dispute or allusions shall be permitted at any of the meetings of the Association.

30. That any professional differences submitted to the Association shall be referred to the Committee who shall make their report on the same to the next general meeting for the final decision of the Association.

31. That two-thirds or more of any members present at any general meeting duly convened and notice of such question having been duly given fourteen clear days previously to each member may determine the propriety of expelling any member and, in case the next ordinary meeting of the Association confirm such decision by the same or greater proportionate majority, such member shall be expelled the Association and forfeit all right, title and interest in the property of the Association.

32. That, in the event of the number of the members of the Association falling below four and continuing so for six calendar months, the property of the Association shall be so divided among the then existing members and thereupon the Association shall cease and determine.

33. That the members of the Association shall dine together twice a year, in the months of January and July respectively, and that the Committee shall fix the day and place and make all other necessary arrangements for the dinner.

34. That, at the dinners of the Association, any member may introduce a medical friend on the same terms as the members.

35. That, as the dignity and influence of this Association essentially depend upon the friendly co-operation and harmony of its members, this Association strongly reprobates all hostile collisions and personal animosities.

36. That, as differences of opinion of necessity arise in the treatment of diseases, this Association enjoins upon its members the exercise of honourable feelings and mutual forbearance in their professional intercourse.

37. That no member of this Association shall give any countenance whatever to disparaging reflections or false reports affecting the professional character of other members.

38. That in all cases where one member is called in to attend for another and in all consultations of members, the member called in shall neither say, look nor insinuate such things as he knows will operate to the injury of the member in previous attendance nor otherwise endeavour to supplant him in the estimation of his patient.

39. That any member who shall in any manner attempt to undermine or otherwise injure the professional reputation of any other member shall, on proof of such an offence, incur the highest censure of the Association.

40. That in all consultations of members the opinion of the majority shall be adopted in the treatment.

41. That in the event of any difficulty arising in any consultation of members, an additional medical man shall be called in who shall be mutually agreed upon by those in attendance in conjunction with the patient or friends.

42. That when any member is called to attend any case in consequence of the unavoidable absence of an other member who is the regular medical attendant, he shall be entitled to the usual fee but not to the case unless by the express desire of the patient or his friends.

43. That any member who shall attend a midwifery case in Town or Country for another member in his absence shall be entitled to the whole fee for such attendance but not to the case.

44. That when any member is in regular attendance on any patient for any illness, no other member shall consider himself at liberty to take such patient under his care until the patient or his friends have intimated to the former member their intention of dispensing with his attendance.

45. That in case of emergency, when the patient has no regular medical attendant, the first member in attendance shall have the treatment of the case unless otherwise determined by the patient or his friends.

46. That no member shall knowingly meet in consultation any practitioner in medicine who is not legally qualified.

47. That this Association will repudiate any attempt on the part of members to practise on other principles than those recognised by the medical profession.

48. That the members of this Association shall be held bound in honour to adhere as far as possible to the Table of Fees adopted by the Association; and any member failing to do so shall incur the censure of the Association.

49. That no new rule or addition to any existing rule or alteration of it shall be valid unless notice thereof in writing be given at a general meeting and the same be considered and confirmed at two succeeding ordinary meetings.

50. That any member shall be at liberty to protest against any of the proceedings or decisions of the Association and shall be entitled to have his reasons of dissent recorded in the Minute Book of the Association.

#### Scale of Fees.

The sums stated are considered as about the average for the first and second class and the minimum for the third class; but, from the difficulty of framing rules applicable to every case and the circumstances of every individual, any intermediate sum may be taken in the two first.

#### TOWN VISITS.

	First Class.	Second Class.	Third Class.
Single visits . . . . .	10 6	5 0	3 0
When only one visit is required	1 1 0	10 0	6 0
Each visit from 9 p.m. to 7 a.m.	1 1 0	10 0	6 0

#### COUNTRY VISITS.

Any distance not exceeding one mile . . . . .	10 6	5 0	
Ditto exceeding one mile—for every additional mile . . .	5 0	3 0	
(The above charges will be doubled from 9 p.m. to 7 a.m.)			

#### CONSULTATIONS AT HOME

Detention: Every hour that the practitioner is detained after the first either from urgency of the case or desire of patient or friends . . .	1 1 0	10 6	3 0
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#### ATTENDANCE IN CHRONIC CASES—

In chronic cases a discretionary deviation from the above charges may be made.

#### MIDWIFERY—

Attendance in ordinary cases . .	5 5 0	3 3 0	2 2 0
			to 1 1 0

#### CONSULTATION—

With physician or surgeon . .	1 1 0	10 6	
By letter . . . . .	2 2 0	1 1 0	

#### CERTIFICATE OF HEALTH

	1 1 0	10 6	
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#### VACCINATION . . . . .

	10 6	5 0	
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#### EXTRACTING TEETH . . . .

	10 6	5 0	
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#### FRACTURES AND DISLOCATIONS . . . . .

	3 3 0	2 2 0	1 1 0
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(In these cases the charge is made for the operation only. Subsequent visits will be an additional charge.)

Note: Above Rules and Regulations and Scale of Fees was ordered to be printed on November 3, 1846, but on December 1, 1846, some unspecified alterations were made by increasing the surgical charges which "had been made decidedly too low". (The List of Members (16) with designations was also printed therewith.)

We have reached the position then that, within six months of the preliminary meeting, held on May 16, 1846, the Port Phillip Medical Association was established with a set of some fifty rules as a constitution, an agreed scale of charges, office-bearers and a committee of management

in charge, and sixteen financial foundation members. Dr. Godfrey Howitt became vice-president in place of Dr. Wilkie, who accepted the office of honorary secretary and proved to be very efficient and zealous. Dr. Thomas Black became honorary treasurer and took a keen interest in the affairs of the Association. In the first report of the committee of management to the general body of members, which was presented by Dr. Wilkie at the meeting held on October 6, we find the following interesting comments:

It is unnecessary that the Committee should detail at length the different steps in the progressive development of this Association. The Committee would, however, remark that it reflects great credit upon the members that, at all their meetings and in all their discussions, they have ever displayed towards each other the greatest courtesy and forbearance. And assuredly it augurs well for the future influence and usefulness of this Association that the members have so cordially cooperated in the troublesome and laborious task of maturing the rules and regulations. So difficult a task required no ordinary exertion on the part of the members. And it must be borne in mind that this Association has derived no assistance whatever from previously existing Associations. It is doubtful, indeed, whether there is a similar institution elsewhere—an institution founded for like purposes and embracing similar objects. The Committee, therefore, refer with honest pride to the rules of the Association as worthy of all the labour that has been bestowed on them. And they trust that they are warranted in predicting that these rules will yet do honour to the medical practitioners of Melbourne. Indeed, the Committee fondly hope that, if this Association shall succeed in carrying out the laudable objects of its institution, it will lead the way to a better state of things in the medical profession by fostering a degree of harmony and friendly feeling among the members which has never yet been attained by other means.

At that very meeting, on October 6, the first stir in the dovecote occurred. Dr. Jonathan Clarke lodged an ethical charge against Mr. Forster Shaw. Both parties were in practice at Geelong. Clarke had a child in his professional care and Shaw was called in to consult with him. Clarke claimed that when he kept the prearranged appointment on time he had found Shaw in the act of operating on the patient and discovered that Shaw "had alarmed the fears of the mother by giving an opinion as to Clarke's treatment of the child". After some shuffling as to whether Shaw was a member had been settled affirmatively, Wilkie is instructed to send pertinent extracts of Clarke's letter to Shaw and also write to Clarke and to ask each of them to express an opinion on how he wished to have the matter investigated. He also requested from each party "a full and particular statement of the circumstances bearing directly and exclusively upon the breach of professional etiquette complained of by Dr. Clarke". The report of the committee makes interesting reading:

The Committee find that about the 1st of May, 1846, as appears from the evidence, Mr. Shaw visited Mrs. Connor's child at the request of Mrs. Griffin, who is the child's aunt. And that, in giving his professional opinion upon the nature of the case and the appropriate treatment, Mr. Shaw did not use any ordinary discretion as a glance at the condition of the child might have convinced him that, in all probability, previous medical aid had been obtained. And especially as it appears in Mr. Connor's sworn evidence that Mr. Shaw, at his first visit, admitted to Mr. Connor that he had heard something of the case before. His words, as sworn to by Mr. Connor, were "that from what he (Shaw) had heard, he thought the spine was affected".

The Committee find that on the 31st of May, Mr. Shaw received a letter from Mr. Irvine, the uncle of the child, requesting his attendance, and that Mr. Shaw would have been justified to act upon that letter, had he caused Mr. Clarke to be made acquainted with the determination of the friends to place the child under his (Shaw's) care.

The Committee find, however, that Mr. Shaw preferred to consider the child as still under the care of Mr. Clarke inasmuch as he declined taking charge of the child and voluntarily agreed to hold a consultation with Mr. Clarke who was the regular medical attendant. Under which circumstances, Mr. Shaw acted imprudently, and contrary to the usual etiquette in such cases, by giving a professional opinion at all at his second visit.

The Committee, however, cannot refrain from here commending the liberal conduct of Mr. Shaw towards Mr. Clarke in not at once assuming the charge of the case, which he was certainly entitled to do, when called upon so urgently by her friends.

The Committee further find that Mr. Shaw, who was called in by the friends of the child, made an appointment to meet Mr. Clarke in consultation on the 2nd day in June; and that, from some discrepancy of time, Mr. Clarke arrived some twenty minutes later than Mr. Shaw but that, under the circumstances of this case, Mr. Shaw should neither have come prepared to operate upon the child nor have considered himself at liberty to do so at all in the absence of Mr. Clarke, and that Mr. Shaw, thereby, committed a breach of professional etiquette.

The Committee find further that Mr. Shaw does not appear to have been actuated by any improper desire to supplant Mr. Clarke or to undermine his professional character; at the same time, they are of opinion that Mr. Shaw's want of prudence in the case was calculated to diminish the respect which the mother and the friends of the child may have previously entertained for Mr. Clarke.

The Committee further find that Mr. Clarke in the first instance showed an unwillingness to meet Mr. Shaw in consultation when requested to do so by Mr. Connor and when, by acceding to his wishes, Mr. Clarke might have, in all probability, prevented the occurrence of any professional misunderstanding in this case. Mr. Clarke's conduct in this particular is viewed, therefore, by the Committee as not altogether free from blame.

The Committee, therefore, for these and other reasons, find that Mr. Shaw has been guilty of a breach of professional etiquette in the case of Mr. Connor's child. But the Committee deem it their duty to record their opinion that no breach of professional etiquette could have justified Mr. Clarke in assaulting a professional brother at the bedside of a patient, which conduct on the part of Mr. Clarke towards Mr. Shaw the Committee consider as most reprehensible.

In consideration, however, of the circumstances of the Port Phillip Medical Association having been constituted since the dispute between Messrs. Clarke and Shaw took place, the Committee refrain from proceeding further in this case than to give their opinion on the evidence as above recorded.

To understand what followed it is necessary to state that this opinion on the evidence was the outcome of meetings on two evenings, that Mr. Campbell was present on the second occasion but not on the first, and had not studied the documents tendered at the beginning and that he had voted in favour of the report of the committee.

An extraordinary general meeting of the Association was held on December 18 to receive the report and to bring the matter to finality. The whole of the evidence was presented followed by the above report of the Committee. Mr. Campbell moved that the report be not adopted and said that he had changed his mind and was firmly convinced that Mr. Shaw was perfectly blameless. Dr. Black, who had voted against the report in committee, gave his decided support to it at this meeting. Mr. Greeves claimed that Mr. Clarke had waived his right to have the child considered his patient by tacit acquiescence in Mr. Shaw's conduct, by consulting with him and by assisting him in the operation; Mr. Shaw had fair grounds for believing that Mr. Clarke would not come. He moved accordingly and the motion was seconded by Dr. O'Mullane. Dr. Wilkie dissented strongly and supported the report of the Committee. He moved the adoption of the report and Dr. Black seconded.

Apparently Dr. Cussen, the president, was not an expert chairman. He had three motions before him together—but see what followed.

Dr. Cussen accepted the motion for the adoption as an amendment of Mr. Greeves's motion and rejected Mr. Campbell's as it had not been seconded. There were eight present and four voted for the amendment, two against, and two declined to vote. The Committee's report was declared carried. During the meeting ten members are recorded in the minutes as present: Cussen, Wilkie, Greeves, Keatinge, Black, Thomas, O'Mullane, Shaw, Howitt and Campbell. O'Mullane and Campbell openly objected to the outcome of the proceedings.

Another extraordinary general meeting was held on December 29 to arraign O'Mullane. Not even the Christmas spirit prevented the executive from requiring O'Mullane to retract and apologize. Thomas and Black accused him of characterizing the decision as "disgraceful to the Association and most unjust". O'Mullane was informed that Cussen had convened the meeting on requisition signed by Thomas, Black and Wilkie. O'Mullane complained that he had not received any communication other than the circular stating that the meeting was to be held to investigate a charge against him. He claimed time to prepare a defence and required a precise charge to be formulated. Wilkie gave a personal explanation that, as secretary, he had agreed that such a serious charge should be investigated, but disclaimed all rancour, as he had been otherwise occupied at the end of the meeting and had not heard what O'Mullane or anybody else had to say about the decision they had recorded. Greeves and Howitt secured compliance with the requests of O'Mullane.

On January 5, 1947, O'Mullane was formally charged as follows:

It is asserted by Dr. Black and Mr. Thomas that, on the evening of Friday, the 18th December, 1946, at the Prince of Wales Hotel, and in the room in which the Port Phillip Medical Association were duly assembled for the purpose of coming to a final decision in the case of Clarke v. Shaw; and, immediately after the vote was taken, and before the President had left the chair; and before the business of the evening was finally concluded, you, Arthur O'Mullane, Doctor of Medicine, and a member of the Association, did address yourself to the members of the Association then assembled, and did, then and there, make use of the following expressions: To Wit "The decision you have come to is disgraceful to the Association and most unjust".

Dr. Howitt also bears testimony to the term "Disgraceful" having been made use of by you on the occasion above referred to as applicable to the decision then come to by the Association.

Cussen read a letter he had received that day from O'Mullane, which included the following:

I beg to state that I regret having used such strong expressions as others less objectionable would have conveyed my meaning as well. I am only induced to adopt this course under the circumstances by a sincere desire for the peace and well-being of the Association.

Wilkie regarded the letter as an additional insult, and Thomas and Black refused to accept it as the apology they sought. O'Mullane said that he had intended the letter to be a full and unconditional apology, but, when urged to do so, refused to rewrite it in plain terms. Howitt wished to know what more they could desire than the word of a gentleman, and left the room. Greeves requested leave to address the Chair before he too left in disgust. How could they find fault with O'Mullane for wishing to preserve the peace of the Association? O'Mullane followed Greeves out "notwithstanding the urgent and repeated remonstrances of the members".

Wilmot and Thomas then induced "the Association" to record the opinion that Mr. Greeves's conduct in withdrawing from the meeting in the manner in which he did was unbecoming as a member of the Association; and Wilkie was instructed to convey this sentiment in writing to Greeves. "The Association" then resolved that O'Mullane's letter to the President "be not received" and they initiated measures to secure O'Mullane's expulsion. They adjourned the meeting for a week. On resumption, Greeves and O'Mullane objected to the wording of the minutes, which were modified to delete reference to the offer of an apology other than that in the letter addressed to the President, which was claimed to be an unconditional apology. Greeves and Howitt managed to pacify the members, and O'Mullane explained that he had not written a simple apology as the request to do so was accompanied by the threat of expulsion. He wished, however, to apologize and did so in the following terms: "I do now express my regret for having used the expressions complained of." This apology was accepted. At a subsequent meeting Mr. Campbell also apologized for having vocally dissented from the Association's decision in *re* Clarke v. Shaw.

In the report of the Committee at the next ordinary meeting we can detect a sense of humour in the dour Presbyterian elder Dr. Wilkie. On January 25, 1847, the "usual" dinner was held and was attended by Cussen, Greeves, Black, Thomas, Howitt, O'Mullane, Keatinge, Campbell and Wilkie. "The Dinner was characterized by good feeling on the part of all present and everything was conducted in the most exceptionable manner."

Apart from rule-making and these experiments in "more free professional intercourse" little else was done. It is of historical interest to place on record that the first medico-political activity was initiated on October 6, 1846. A petition was to be prepared to be presented by the Member for Melbourne to the Legislative Council "setting forth the hardships of requiring duly qualified medical men to give their gratuitous medical services at the Supreme Court and Police Offices of the Colony". The first scientific proceedings took place on December 1, 1846, when Dr. Wilkie read the notes of a case of presentation of the cord and described a technique for "elevating the head very considerably during the intervals of the pains", allowing the complete restoration of pulsation of the cord between pains until the head was too firmly impacted just prior to delivery. They had to wait until June 1, 1847, for some more science. On that occasion Mr. Greeves instructed them on the signs and symptoms of poisoning by *Datura tatula* seeds and also about the use of tartar emetic and the application of traction "*tour de maître*" for the reduction of dislocation of the femur into the *foramen ovale*. At the July meeting Dr. Wilkie described the successful use of version and bringing down the feet for central *placenta previa* and ante-partum hæmorrhage amounting to a loss of three quarts of blood.

On August 3, 1847, Greeves and Griffin were unsuccessful in an attempt to repeal the ethical rules 30, 38, 39 and 40; they were stopped by Cussen, Black, Thomas and Wilkie. Some of the members had realized that censorious activities were a stumbling block to the progress of the Association.

The September meeting was held on the first Tuesday, at Dr. Wilkie's house, when Thomas addressed the small gathering on an important topic. The attendance consisted of Cussen, Black, Thomas, Greeves and Wilkie, but the brief minutes are worthy of quotation herein.

The Minutes of last meeting having been read, Mr. Thomas read a very interesting paper on the inhalation of Ether. He also exhibited an inhaler which he had, with considerable trouble, got constructed in Melbourne according to the more improved principles. Mr. Thomas also read some highly interesting cases in which he had used the Ether with success.

The different members present complimented Mr. Thomas for the zeal and industry displayed by him in the paper he had just read and expressed an opinion that it was desirable that the paper should be printed in the Australian Medical Journal.

Reference to a letter in *The Argus*, Melbourne, on August 5, 1933, will show that the use of ether by Thomas on the first occasion, on August 2, 1847, was reported next day in the *Port Phillip Patriot*; but it is merely the fifth report of the kind. "The first instance noted of the use of ether in surgery (in this country) was in the Launceston Examiner of June 9, 1847. Dr. Pugh, on June 7, 1847, operated on two patients at Launceston under ether."

Another storm brewed in October, 1847, when it was decided that Greeves, Campbell and Thomson had forfeited membership under Rule 6 and that the only financial members were Cussen, Howitt, Black, Thomas, Wilkie, Griffin and Clarke. As the three delinquents desired to continue as members, they were balloted for and elected afresh; but in the terms of Rule 8 were liable for payment of the entrance fee. Thomas promptly gave notice of motion to exempt them from the entrance fee, and the Association agreed to that course of action on January 4, 1848.

It is difficult nowadays to realize how starved these men were for professional literature. In November, 1847, the books and periodicals ordered a year earlier arrived per *Vanguard* from Simmonds and Company, of London, and another order was sent, with a remittance of £15, to Smith

and Elder, London. A book and a periodical were issued to each of the members. Accommodation for the library was sought; but several months elapsed before the completion of arrangements to house the books in the board room at the Melbourne Hospital, in the charge of Mr. Wilson, the house apothecary.

Meanwhile an ambitious enterprise was undertaken which probably arose from information obtained from one of the periodicals which had just arrived. A Medical Registration Bill was to be presented to the House of Commons by Mr. Wakley, the member for Finsbury. It was decided to ask him to take charge of a petition from the Port Phillip Medical Association. The text of this historical document is:

#### *Petition to Parliament.*

To the Honourable the Commons of Great Britain and Ireland in Parliament assembled.

The Petition of the Port Phillip Medical Association humbly sheweth—

That your Petitioners are deeply convinced that the Medical Registration Bill brought forward by the Honourable Member for Finsbury would prove of much advantage to the members of the Medical Profession throughout the United Kingdom and be of essential service to the public at large.

And your Petitioners humbly pray that the same privileges and protection as are therein proposed to be conferred on the members of the Medical Profession in the United Kingdom of Great Britain and Ireland BE EXTENDED to the members of the Medical Profession in the Australian Colonies who form in this part of Her Majesty's dominions a numerous and respectable body of Her Majesty's subjects.

Signed in name and by appointment of the Port Phillip Medical Association and sealed with the seal thereof by Authority of a Meeting held in Melbourne on the Seventh day of December, 1847.

Several difficulties cropped up over the half-yearly dinner, held at the Prince of Wales Hotel late in January, 1848. Cussen, Howitt and Playne accepted but "were unavoidably prevented from attending". Playne had subsequently to be readmitted a member exempt from the payment of the entrance fee. Cussen and Howitt were president and vice-president respectively and probably resented the presence as guests of J. F. Palmer and Edward Barker, who were eligible for membership and were local residents. The other guests were The Honourable Charles Nicholson, M.D., Speaker of the Legislative Council of New South Wales, and Mr. Edwin Allan, surgeon, ship *Stag*. Dr. McCrae, of Sydney, was invited but was unable to be present. Black, Thomas, Wilkie, Greeves and Campbell were the hosts present.

Another scientific meeting was held at Wilkie's house on March 7, 1848. Wilkie presented two interesting cases in private practice. One was about "a complete intussusception of the ileum and right colon extending almost to the rectum in a child four months old and succeeding to symptoms of mild dysentery". The other was of obstetrical interest.

The April meeting was an important one. Dr. Howitt obtained a decision that the fee for midwifery in future was not to be less than two guineas. Dr. Clifford, an army medical officer, was elected a member and "exempted from the payment of the usual fees, being an Army Medical Officer"; thus he was the first honorary member. Dr. W. M. Turnbull was accepted as a member and was sponsored by Black and Thomas; he later became conspicuously prominent. Wilkie was able to announce that the Committee of Management of the Melbourne Hospital had granted the use of the board room for meetings and for library purposes. A bookcase was ordered, the cost of which was not to exceed five pounds, and arrangements were made to call in all the books and periodicals for cataloguing, stamping and placement in the bookcase.

At the meeting on June 6, 1848, Black, Turnbull and Wilkie were the only ones present, but they tidied up the library affairs and adopted the following set of rules:

1. That all books and periodicals belonging to the Association shall be stamped with the stamp of the Association.

2. That a catalogue of all the books and periodicals be kept in the library for the use of the members.

3. That the librarian shall enter in a book to be kept for the purpose the names of all the members who get books or periodicals from the library, with the titles of such books and periodicals and the dates when they are taken out and when returned.

4. That each member shall be allowed one periodical and one other medical volume only at one time.

5. That monthly or four-weekly periodicals shall be allowed a circulation of one week only; and that quarterly periodicals and all other medical volumes shall be allowed a circulation of a fortnight; it being competent in either case for members to have the same books or periodicals renewed for a similar period if no application has in the meantime been made for them to the librarian.

6. That a fine of one penny *per diem* be exacted from all members for keeping books or periodicals for a longer period than the time prescribed by these regulations.

Subsequently it was decided that Geelong and country members could obtain books and periodicals on similar terms provided that the individual concerned refunded the costs of transmission.

At this time, Dr. Wilmot, the coroner, returned to the fold after reelection and with what had become the usual exemption from payment of entrance fee. Dr. Godfrey Howitt sold to the Association at cost price the series of bound numbers of *The Lancet* from Volume I, which he had purchased at Dr. Hobson's sale. In September, 1848, books and periodicals arrived from Smith, Elder and Company, London, and another order was sent with a remittance of £20. In October it was decided that no action could be taken in response to a letter from a non-member, Mr. Martin, published in *The Herald*, on the subject of illegal practice, although Mr. Martin asked the Association to do something about it.

It was unfortunate that just as the Association was showing evidence of permanency and usefulness, Turnbull and Greeves had a serious quarrel and, afterwards, Greeves, who had influential support, sabotaged the Association.

On November 7, 1848, Cussen, Greeves, Thomas and Wilkie attended a committee meeting convened for the purpose of investigating a charge by Turnbull against Greeves of a breach of professional etiquette and the use of certain expressions to which Turnbull took exception. Greeves retired before the formulation of the report, which was as follows:

The Committee find, on examination of the documents submitted by Dr. Turnbull, and having heard an explanation from Mr. Greeves with regard to the expressions used by him, that the misunderstanding in this case evidently originated in the discussion which took place between Mr. Greeves and Dr. Sproat at the bedside of the patient and in the presence of the friends. And the Committee feel called upon to express their decided opinion that under no circumstances should members met in consultation state their opinions in regard to treatment or enter into any discussions in the hearing of the patient or friends. The Committee also, in this case, think they are warranted in arriving at the conclusion that, whatever Mr. Greeves did say, the friends were led by his statement to believe that a serious blunder had been committed by Dr. Turnbull and Dr. Sproat in the previous treatment of the case. The Committee, therefore, think that Mr. Greeves' conduct in the case was highly censurable and unprofessional.

The Committee, however, cannot dismiss the case without expressing their opinion that the course adopted by Dr. Turnbull in the first instance was wrong and that his letter to Mr. Greeves was not such as should have been addressed by one member to another; and that Dr. Turnbull should have politely required an explanation from Mr. Greeves before instituting further proceedings in the case.

A special general meeting was held in the hospital on November 10, and the above report was adopted and Wilkie was instructed to communicate the finding to Mr. Greeves. Turnbull and Wilkie alone attended the next monthly

meeting and were unable to transact any business. No further meetings were held until, after the death of the president, Dr. Cussen, one was held on June 5, 1849, attended by Howitt, Greeves, Turnbull, Thomas and Wilkie. They postponed the filling of the vacancy but instructed Wilkie to chase the Executors for a book "Pritchard, ON INSANITY", borrowed and not returned by Cussen. They were "fully satisfied" that it was borrowed and missing. They "cannot assert that the volume that was sold at the late Dr. Cussen's sale belonged to them but the volume belonging to the Association was bound precisely in the same way and had no stamp or other mark of the Association on it. And the late Dr. Cussen, in taking it from the library, expressed his satisfaction that the Association had procured this work as he was very anxious to read it." In the following November, after considerable correspondence, the executors paid the Association £1 15s.



DAVID J. THOMAS.

for the book, being the price obtained at auction, and £2 2s. for arrears of subscription. One month earlier they had ordered a new copy from England for fourteen shillings!

In July, 1849, Wilkie tried to get a meeting to elect office-bearers. On July 3 he and Black were the only arrivals, but a week later Playne, Turnbull and Wilkie attended the adjourned meeting and carried out the business. Howitt became president, Thomas vice-president; Wilkie and Black continued as secretary and treasurer; Turnbull, Greeves and Campbell were "elected" members of committee.

The August meeting failed, and Howitt and Wilkie were alone at the September one and admitted Edward Barker to membership "in the usual way". On October 2, 1849, Wilkie mustered Howitt, Barker, Thomas, Black and Turnbull, being all the financial members except Playne,

and Dr. Sullivan was balloted for and "admitted a member". That night and one week later were chiefly devoted to library business and, on October 16, an order was prepared to be sent with twenty pounds for another supply of books and periodicals. Howitt, Thomas, Black and Wilkie were appointed to recover outstanding library items and set the library in order again. O'Mullane, Campbell and Greeves were contumacious and failed to reply to letters demanding the return of books and periodicals; and ill-feeling was engendered. Greeves returned "five works" at the second asking. After three approaches to O'Mullane a minute of his silence was recorded as an insult to the Association. In December, Playne came into the open by proposing a new set of rules in which all the ethical rules were conspicuous by their absence. Wilkie was defeated on an amendment that the ethical rules would stand operative as they were not mentioned in the proposed new rules. He tried to pack the membership to get a majority. Dr. Drummond was admitted, but Dr. Alexander Hunter was rejected in face of a resolution to postpone admission of new members until the revised rules were considered.

The meeting on January 1, 1850, was attended by Black and Wilkie only and no minutes business was transacted. It must have been a good opportunity for this faithful pair to plan the salvation of their baby and its preservation from the attacking wolves.

On February 5 the opposition attended and the new rules were adopted as the rules of the Association. Barker, Sullivan and Thomas outvoted Howitt and Wilkie. Office-bearers were reelected, but Barker replaced Wilkie as secretary. Wilkie did not even minute the text of the new rules, and Barker was an incompetent secretary. A formal vote of thanks to Wilkie was minuted.

The first meeting under the new management was held on Thursday afternoon, April 14, 1850, at the hospital, those present being Playne, Sullivan, Turnbull and Barker. They received a sarcastic letter from Campbell:

I beg to apologise for not having answered your previous note. I have not, however, to apologise to the members of the Port Phillip Medical Association for having at any time detained in my possession any book of the Society over such a lengthened period as to interfere with the studies and researches of those who were anxious for advancing and investigating the truths of science. Having ceased being a member of the Port Phillip Medical Association, I, of course, have not in my possession any books or periodicals belonging to the Association.

They admitted Mr. Ford as a member and he attended the next meeting but then withdrew without paying any dues.

At the meeting on June 6, 1850, the antagonists met each other for the first time since the split. An unsuccessful attempt was made by Howitt, Black and Wilkie against Sullivan, Thomas and Barker, with Turnbull on the fence, to prune the new rules. The only effective business done was the adoption of a revised scale of fees, lowering the minimum charge for advice from three shillings to half-a-crown, and substantially increasing the maximum midwifery fees to ten guineas. Bleeding and cupping were added at modest prices, ranging from half-a-crown to one guinea.

Motherwell appeared at the meeting on July 11, though there is not a minute of his election. Wilkie first challenged the confirmation of the minutes of the previous meeting, claiming that the secretary was instructed to demand entrance fee and subscription from Ford. Thomas and Turnbull supported him and he scored points against Barker. With each change of apothecary at the hospital it was necessary to appoint the new holder of the office as librarian. Such a change was made at this meeting and the hours of his attendance on members were specified.

At the August meeting, Sullivan, Thomas, Turnbull and Barker attended and Wilkie was absent. A virulent attack on Black was launched. A box of precious books had been lying unclaimed at Captain Coles's wharf for at least three weeks. A month later the librarian was requested to apply to the treasurer and secretary for the books, which were understood to have been in their possession "for some time past". They deferred the election of Dr. Walton as

"only four members were present". We do not know the wording of the Rule 5 under which this happened, but apparently the election of members had been considerably tightened up. It makes the status of Motherwell harder to understand and Wilkie's nomination of Hunter remained ignored. The end of the Association, later described by Neild as death from inanition, was rapidly approaching. The gold discoveries and the separation from New South Wales had disorganized life in Melbourne.

It was high time they had an "annual dinner" and, on that issue, one would have expected unanimity; but there was a row over the list of guests. Barker and Motherwell successfully proposed that no gentleman practising in Melbourne and eligible for membership should be invited. Wilkie and Turnbull lost an amendment in favour of excepting His Worship the Mayor, Dr. William Nicholson. Barker forgot to tell us that the dinner was a great success.

On October 15, 1850, Turnbull gave notice of motion: "Whether the practice of mesmerism and its concomitants is consistent with the maintenance of the dignity and interests of the medical profession." It is probable that he was "gunning" for someone, but when the motion was duly moved on November 14, he "spoke to it, but as several of the members had appointments" Barker moved and Wilkie seconded "that this meeting do adjourn until this day week", and at the adjourned meeting Turnbull could not find a seconder. At his request the following extraordinary minute was entered:

That this Association cannot recognise any medical man who is in the practice of consulting any Clair Voyant as to the nature and treatment of the diseases under his care.

But this was not the end of it. At the annual meeting on January 9, 1851, when Sullivan, Wilkie, Black and Barker were the sole attenders, a motion was carried that the minutes be not confirmed.

At that annual meeting Playne became president and Sullivan vice-president; Barker and Black were reelected secretary and treasurer respectively. The next meeting was held on April 10, 1851, at the hospital. Playne, Wilkie, Motherwell, Black and Barker were present. Black and Wilkie got the previous minutes confirmed by an entry:

That the Minute embodying the sentiments of Dr. Turnbull with respect to the practice of mesmerism, being irregular in form, be considered as the private opinion of that gentleman only.

They decided to remit another fifteen pounds to Smith, Elder and Company for books and to meet again one week later to select the books; but the meeting was not held.

The finale came on Thursday, November 20, 1851, when a special general meeting was held. Playne, Wilkie, Wilkie, Thomas and Black attended. The minutes of April 10 were confirmed. It was decided that it was not advisable to have a dinner "under the circumstances of the smallness of the Society". Apparently their occupancy of the board room at the hospital was terminated, as it was resolved that Wilkie and Motherwell be a committee to make the necessary inquiries for the engagement of a room for the custody of the books and the accommodation of the Society. A note is scribbled in pencil under these minutes: "Society dissolved, sold books, cleared up."

#### THE VICTORIA MEDICAL ASSOCIATION.

The primary objects of this Association shall be the promotion of medical knowledge, a more friendly professional intercourse and, in general, the whole interests of the profession.—July 19, 1852.

A public meeting of the medical profession in Melbourne and the vicinity was held on May 7, 1852, at the Bull and Mouth Hotel, 44 Bourke Street East, Melbourne. The purpose of the meeting was to form a fresh professional association, and it was decided to call it "The Victoria Medical Association". A committee was formed with power to add to their numbers, to prepare regulations, print them and circulate them to the members of the profession.

Dr. David Wilkie, organizer and long-time secretary of the defunct Port Phillip Medical Association, was appointed chairman of the committee, and some of the members were W. M. Turnbull, Richard Eades, Charles Watkins and J. T. West Ford. At a meeting on June 8 they drew up a provisional code of rules which were printed and distributed with a notice convening a general meeting to consider them on June 19. They were amended and were reprinted and circulated for a general meeting called for July 19, at which they were adopted. The small committee must have been disappointed, but were not disheartened by the poor attendance at this inaugural meeting. Only six are named as present—Wilkie, Turnbull, Youl, Watkins, Qualbrough and Phillips. Others named who had attended previous meetings were: Eades, Ford, Singleton, Fletcher, Casperson and Creelman. The office-bearers elected were: President, Dr. Wilkie; Secretary, Dr. Youl; Treasurer, Dr. Turnbull; Committee Members, Dr. Eades, Mr. Watkins and Mr. Qualbrough.

Scrutiny of the rules and regulations shows that Dr. Wilkie had learnt a few points from previous experience. He omitted the set of ethical rules which we know were dear to his heart but the rejection of which had led to his discomfiture in the Port Phillip Medical Association. Rules 25 and 32, however, would leave it open to the members to rebuke an offender, and Rule 27 arranged for expulsion of a recalcitrant member. The entrance fee was reduced to a modest guinea. Dinners were cut down from two to one per year. Rule 29 was framed to avoid the distribution of the property; it must have rankled with Dr. Wilkie that the nucleus of the library obtained from overseas had vanished with the old Association. Rule 34 made Rule 29 fundamental and unalterable, but we shall find that it was subsequently altered in detail though not in principle. Rule 25, giving the chairman a casting vote, was to prove a thorn in the flesh to Dr. Wilkie, but it is sound enough and its application turned out to be unfortunate through sheer bad luck.

As this code is now one hundred years old and the happenings we are about to relate cannot be appreciated fully without knowledge of its contents, it has been decided to republish it herein as it appeared in the minute book when adopted on July 19, 1852. The rules and regulations of the Victoria Medical Association, dated July 19, 1852, are as follows.

1st. That the Association shall be named "The Victoria Medical Association".

2nd. That the Association shall consist of duly qualified medical practitioners, residing within the City of Melbourne and Colony of Victoria.

3rd. That the primary objects of this Association shall be the promotion of medical knowledge, a more friendly professional intercourse and, in general, the whole interests of the profession.

4th. That the more special objects of the Association shall be the formation of a medical library and museum and the reading of original papers on medical subjects.

5th. That each member shall pay an annual subscription of two guineas to the funds of the Association.

6th. That the annual subscription shall be due on the 1st of January in each year in advance; and any member whose payments to the funds shall be three calendar months in arrears shall cease to be a member of this Association.

7th. That the admission of new members shall be determined by vote at general meetings of the Association.

8th. That each new member shall pay on admission an entrance fee of one guinea to the funds of the Association.

9th. That the office-bearers of the Association shall consist of a President, Secretary and Treasurer.

10th. That the affairs of the Association shall be managed by a Committee consisting of the office-bearers and three other members, of which committee three shall form a quorum.

11th. That the office-bearers and committee of management shall be annually elected by lists at the ordinary January meeting.

12th. That, in case of any extraordinary vacancy in office, the committee shall fill up the same *ad interim* until the next ordinary meeting.

13th. That the funds of the Association shall be appropriated to the formation of a medical library and museum and the defrayal of current expenses.

14th. That the library and other property of the Association shall be vested in the committee of management for the time being.

15th. That the selection of books for the library shall be determined at special meetings of the Association.

16th. That the committee shall report to each ordinary meeting an account of its proceedings and of the finances and prospects of the Association.

17th. That the committee shall furnish a roll of the existing members of the Association at each March meeting.

18th. That the Association shall meet on the first Saturday in each month at  $\frac{1}{2}$  past 7 o'clock p.m.; tea and coffee to be provided at the expense of those present.

19th. That the President or, in case of his refusal, any three members may call an extraordinary meeting on giving the requisite notice.

20th. That due notice of each meeting of the Association shall be given by circular to each of the members; and that four clear days shall intervene between such notice and the day of meeting, unless otherwise provided for by the rules.

21st. That any business proposed to be transacted at an extraordinary meeting shall be duly specified in the circular notice; and the business of such meeting shall be confined to the same.

22nd. That at all meetings of the Association the minutes of the previous meeting shall be read with a view to confirmation as a correct record and be signed by the Chairman for the time being.

23rd. That the special business of the ordinary meetings shall be the reading and discussion of original papers, cases and professional subjects.

24th. That each member shall rise in addressing the Chair and shall not speak more than once on the same subject except in explanation or by way of reply on introducing a paper or a subject.

25th. That all questions not otherwise provided for shall be decided by a majority of votes; and, in the case of an equality of votes, the President or his substitute shall have an additional or casting vote.

26th. That voting by proxy shall not be allowed at any of the meetings of the Association.

27th. That it shall be competent for a special meeting of the Association, due notice of such meeting having been given to each member fourteen days previously, to determine by a majority of two-thirds or more of the members present the propriety of expelling any member; and any member thus expelled shall forfeit all right, title and interest in the property of the Association.

28th. That any member shall be at liberty to protest against any of the proceedings or decisions of the Association and shall be entitled to have his reasons of dissent recorded in the minute book of the Association.

29th. That in the event of the number of the members of the Association falling below four and continuing so for six calendar months, the property of the Association shall be given over in trust to the Committee of Management of the Melbourne General Hospital until the Medical Association be re-established with the same stipulations respecting the property.

30th. That the members of the Association shall dine together once a year in the month of . . . ; and that the committee shall fix the day and make all other necessary arrangements for the dinner.

31st. That at the dinners of the Association any member may introduce a medical friend on the same terms as the members.

32nd. That this Association shall repudiate any attempt on the part of members to practise on other principles than those recognised by the medical profession.

33rd. That no new rule nor addition to any existing rule nor alteration of it shall be valid unless notice thereof in writing be given at a general meeting of the Association and the same be considered and confirmed at two succeeding ordinary meetings.

34th. That it be a fundamental rule of the Association that the 29th Rule, determining the destination of the property of the Association in the event of the number of members falling below four and continuing so for six calendar months, shall never be altered; and that each gentle-

man enrolling himself as a member of this Association shall be considered as pledging himself to the faithful maintenance of this rule.

Further business meetings were held to order periodicals and to arrange for a place of meeting and a programme. Dr. Eades was to read a paper on midwifery, but his wife died and his presentation of the paper was postponed. Meetings were held at Dr. Wilkie's house for some time and, later, at the houses of other members of committee.

The first project was tackled at the October meeting. It was arranged that two members should examine each of the four wards of the city and submit a report on its sanitary condition at the next meeting. This work was undertaken enthusiastically, but it was ultimately agreed that the councillors were sufficiently active in the matter and that interference by the Association was not required. We know that the deep water-hole at the intersection of Collins and Elizabeth Streets was bridged with substantial red gum planks and that channelling and footpath-making were undertaken at this time.

The Association soon found that Youl was an unsatisfactory secretary, but remonstrance with him upset him to such an extent that he resigned his membership. The Association made considerable headway, however, and gained recruits steadily. Serrell, Tracy, Bowie, McNicol, Knaggs, Black, Gillbee, Cunningham, Maund, Curtis, Fisher, Iffa, Jacob, Harris, Menzies, and Cutts were accepted as members at the end of 1853; Phillips retired and the application of Berndt, who proffered a "foreign" diploma, was deferred. At the meeting, in January, 1853, business was postponed for a month as Dr. Wilkie was called to the country urgently; but on February 5, 1853, he was reelected president, supported by Dr. Black as secretary and Dr. Eades as treasurer; Mr. Watkins, Mr. Qualbrough and Dr. Tracy were appointed to complete the committee of management. The matter of illegal practice by unqualified persons was raised; it was decided that applications for membership of the Association must be in writing and contain a statement of the nature of the medical qualification held by the applicant; and also that a petition should be placed before the Legislative Council asking for the abolition of illegal practice.

Dr. Eades signified his inability to accept the office of treasurer, and Dr. Turnbull consented to resume the office; temporarily Dr. Eades lost his seat on the committee. The books ordered arrived in the steamer *Harbinger* in April and another list was sent to Smith, Elder and Company. On June 4, 1853, Dr. John Maund read a paper on "Head Injuries", which set a high standard of excellence and was greatly appreciated. At the following meeting Dr. Tracy discussed "Epidemic Fevers" with the members and recounted some of his experiences in Ireland.

An indignation meeting was held on July 15, 1853, because Mr. Thomas Embling, a member of the medical profession, had published a letter to the people of Victoria to say that he knew medical gentlemen who would sign a certificate of lunacy for a guinea regardless of the mental state of the patient. At the second asking Embling replied curtly to an official demand for the name of the government officer concerned and a substantial reason for his belief in a statement so insulting. He said merely that he had read the letters and would "give them the consideration their very singular nature may appear to merit". On August 2, 1853, Wilkie, at his own home, was joined by Eades, Qualbrough, Watkins, Tracy, Black, Gillbee, Maund and Curtis in adopting a statement for publication in *The Argus* and *Morning Herald* which included the following "sentiments":

1. They do not question or interfere with Mr. Embling's right to publish any statement of his views relative to the Yarra Bend Lunatic Asylum.

2. They conceive it due to the community that Mr. Embling should disclose the names of those medical men who are capable of an act which for the atrocity of its nature has seldom been surpassed in any civilized country.

3. They conceive Mr. Embling owes it to himself as a gentleman and a man of honor and to the Medical Association, constituted of members of the profession to which he belongs, that he should substantiate any assertions which he makes touching their honor and dignity.

4. Having performed the duty which they feel devolved on them, they hereby publish the proceedings of the society connected with the subject for the information of the public.

In September, Wilkie introduced a medico-legal subject of contemporary interest. At some length he defended the surgeon of the *Jupiter* who had been committed for trial for manslaughter at the coroner's inquest on the body of the late purser of the ship. Later in the month the annual dinner was held at the Criterion Hotel, 38 and 40 Collins Street West. A few days afterwards a letter was received from John Goodman, chairman of a committee of the Legislative Council, seeking for information as to whether "dipping a sheep in a solution of arsenic or corrosive sublimate will affect the wholesomeness of the flesh as human food and in what period of time after dipping it would be safe to admit it for sale for that purpose". That poser took two evenings to debate. It is admitted in the minutes that the adjournment was made "in order that the members may gain information on the disease of 'Scab' et cetera". They informed the Parliamentary Committee that sheep while affected with scab were unfit to be used as food; that the poisonous dipping solutions rendered the flesh injurious for a certain time; that that time was indefinite, but, for the protection of the public, they offered the opinion that at least one month should elapse after the dressing before sale for human consumption, "always provided that such sheep are thoroughly cured from scab".

In October a subcommittee was formed, on the initiative of Gillbee, "to devise the best means to be adopted to procure from the government a grant of land for the purpose of building a Hall for the use of this Association". It would have been depressing to them had they had any means of knowing that this praiseworthy objective would take twenty-five years to bring to fruition.

The trouble over the "casting vote" cropped up at this time. Curtis, having given the requisite previous notice, proposed an alteration of Rule 7 to secure voting by ballot at the election of proposed new members "and that three black balls do reject the candidate". Apparently Wilkie felt strongly opposed to the innovation, but the amendment was carried by one vote "on the voices". He, quite properly, pointed out that it had to be carried again at the next meeting to be valid. In November he defeated it by exercise of the additional or casting vote of the president. Immediately Curtis gave notice of a proposal to alter the latter part of Rule 25 to restrict the president or his substitute to the exercise of one vote only. Tracy gave notice of a recommittal of Curtis's motion which had been defeated by Wilkie's second vote. At the December meeting Tracy's motion was taken, but Curtis was not present; again Wilkie defeated the balloting proposal by his second vote.

In January, 1854, Eades became president, Black remained secretary and Turnbull treasurer, and Wilkie and Curtis joined Tracy as the committee members. Wilkie received a cordial vote of thanks, and the office of vice-president was created for him. Curtis again gave notice of motion about the curtailing of the voting strength of the president. Maund delivered a scientific address on the surgical treatment of ganglions. This meeting and the previous one were held at the "Mechanics' Institution" as it is called throughout the period in which it was the home of the library and of the Association; it was on the site at 81 Collins Street East still occupied by the Athenæum Library, midway between the Town Hall and Scots Church.

A special library meeting was held on January 27 and more books were ordered. The Association had under consideration the election of Dr. Adolph Berndt, who came to Melbourne as surgeon in *Australia* and held a German diploma as doctor of medicine and was physician to the local German Association. Wilkie proposed him as a member and Iffa seconded, but by one vote the application was deferred till "that day six months". At the February meeting Wilkie was chairman in the absence of Eades; Turnbull, having given notice, moved that a holder of a foreign diploma was not admissible as an ordinary member but could be admitted as an "honorary member". Wilkie defeated this by using his second vote. Watkins and Tracy then, on behalf of the absent Curtis, moved the

abolition of the second vote; and the motion was carried. Wilkie expressed annoyance and promptly resigned the office of vice-president as a protest. Dr. Maund gave a professional address on "Affections of the Heart" and exhibited a pathological specimen as an illustration of heart disease. Again, at the next monthly meeting, Maund produced a ruptured kidney taken from a man found dead by the roadside—not caused by a hit-and-run motorist!

In April, Qualbrough addressed the meeting on the "sanatory" condition of Melbourne, though one suspects that the insanitary aspects were prominent. Dr. Allison, secretary of the Bendigo Medical Association, wrote for and obtained the support of the Victoria Medical Association for a crusade against unlicensed practitioners, including prescribing chemists in the Bendigo district.

The May meeting was held in the house of Dr. Eades, who addressed those present on "Dysentery". The Association, during the next few months, practised the writing of memorials and petitions which read quaintly in these latter days but are of historic interest.

The memorial, and the reply to it, in connexion with the seeking of special consideration for medical witnesses in criminal cases follow.

To Their Honors the Judges of the Supreme Court of the Colony of Victoria.

The Memorial of the undersigned Members of the Victoria Medical Association and other Physicians and Surgeons practising in Melbourne and its Vicinity Respectfully Sheweth

That the present practice and system under which the attendance of Medical Witnesses is required on Criminal Trials result in serious loss not only to the members of the profession who are subpoenaed but to the public.

That under that system it frequently happens that a Medical Witness summoned to give evidence in a single case is compelled to attend the Court throughout its entire sittings in consequence of their being no fixed time for the trial and the Cases not being called in any particular order compelling him for a time to abandon his ordinary practice and to neglect his Patients which results invariably in temporary if not permanent injury to himself.

That while such a system continues Medical Men may avoid cases in which their evidence is necessary and thus Justice may often be defeated.

That there is no Class in Society who gratuitously devote so much of their time to the public as the Members of the Medical Profession both in the way of averting and of alleviating human suffering and therefore they submit that they have a special claim on Your Honors to adopt such measures as will enable the Medical Witness to ascertain the day when the case in which he is concerned will be brought to trial.

Your Memorialists request that Your Honors the Judges will take the subject of this Memorial into your consideration and determine as in your wisdom you may deem fit.

And your Memorialists as in duty bound will ever pray  
(signed) W. M. Turnbull.

The reply from the Acting Chief Justice was received about a month afterwards.

Judges' Chambers,  
July 15, 1854.

64/54.

Sir,

I have the honor to acknowledge the receipt of your letter respecting the subject of the attendance of Medical Witnesses on Trials conducted in the Supreme Court and the inconvenience those gentlemen suffer in being compelled in some instances to wait for a long time until their evidence is taken.

In reply I beg to assure you that it is the anxious wish of the Judges that the duties of Medical Gentlemen in such instances should be as little onerous as possible but at the same time to acquaint you that the conduct of causes and the arrangement of the order in which they are called on rest wholly with the Law Officers of the Crown. With the privilege of exercising this control affected as it must be by extrinsic and accidental circumstances which it is impossible to foresee the Judges cannot interfere as they have no certain means of intelligence to guide them in framing any rule to meet the

objection; however in order that as much may be done to meet the wishes of the Medical Gentlemen as it is in my power to do, I have forwarded to the Attorney-General a copy of your letter and requested that he will endeavour to comply with their desire as far as circumstances will allow.

I have the honor etc.

(signed) Redmond Barry,  
Acting Chief Justice.

At about this time an abortive attempt was made to take part in the procession to welcome the new Governor and, instead, the following address was presented to His Excellency Sir Charles Hotham, K.C.B., on Saturday, July 1:

May it please Your Excellency  
We the President and Members of the Victoria Medical Association beg to offer our sincere congratulations upon the safe arrival of Your Excellency in this Colony—

The high reputation which Your Excellency enjoys animates us with the liveliest hopes that the general interests of the Colony will flourish under your administration while the presence of your accomplished Lady will, we doubt not, elevate and preserve the tone of Society.

We beg for ourselves and on behalf of the Profession to which we belong to tender our most respectful homage to Your Excellency and wish you every happiness during the period in which as Viceroy you may direct and govern the affairs of this important portion of Her Majesty's Dominions.

(signed) W. M. Turnbull.

On the evening of Saturday, August 12, 1854, two special meetings were held, of each body separately in different places, to consider the fusion of the Medico-Chirurgical Society and the Victoria Medical Association. The Victoria Medical Association decided that it was desirable that they should unite; that the President, Treasurer and Secretary should represent the Association in the negotiations; and that the fusion should be effected under a new name, new office-bearers and new rules.

A fortnight later another special meeting was held because of the receipt of news that cholera was prevalent at Mauritius. It was decided to memorialize the government and advocate the appointment of a Board of Health in the Colony of Victoria. The final form of the memorial as presented to the Governor by Eades, President, and Black, Secretary, early in September, 1854, is as follows:

To His Excellency Sir Charles Hotham, K.C.B., Lieutenant-Governor of the Colony of Victoria, &c., &c.  
The MEMORIAL of the VICTORIA MEDICAL ASSOCIATION Respectfully Sheweth

That your memorialists, alarmed at the comparative proximity of CHOLERA to this Colony, feel it a duty incumbent upon them to submit to Your Excellency

1. That this Metropolis and its Suburbs are without adequate provision or effective organization whereby the comfort health and lives of the Inhabitants can be watched over and preserved.
2. That the dwellings of the majority are incompatible with a healthy physical existence.
3. That the cleansing of the streets, the removal of refuse and of private and public nuisances are most inefficiently provided for and imperfectly performed, and that the unrestricted toleration of Trades and Employments (particularly Slaughtering Establishments) dealing in decomposing Animal and Vegetable Matter operate most injuriously on the public health.
4. That the existence of such a state will lead to the most disastrous results should cholera unfortunately appear in this Colony.
5. That while the past history of this disease proves that it is one over which curative medicine has the least control, it is at the same time specially distinguished as being amenable to enlightened and efficient measures of prevention.

Under these circumstances your memorialists respectfully solicit Your Excellency to appoint a Board of Health with a constitution and powers similar to those of the Board of Health of England.

And your Memorialists as in duty bound will ever pray  
(signed) Richard Eades, B.A., M.B., F.R.C.S.I.,  
and President of the Victoria Medical Association.

A prompt reply was received as under:

Government Offices, Melbourne.  
15th Sept. 1854.

Sir,

With reference to the Memorial of the Victoria Medical Association of the 12th inst., I am desired by the Lieutenant-Governor to inform you that the subject has long been under consideration.

I have the honor to be, Sir,

Your most obedient Servt.

(signed) J. H. Kay,  
Private Secretary.

Richard Eades Esq M.D.  
&c. &c. &c.

That evening Mr. Fisher read a paper in which he went deeply into the subject of "Cholera" and promised more at the next meeting.

The next important matter was brought up by Mr. Gillbee. A Bill was about to be introduced into the Legislative Council to regulate the practice of medicine and to register practitioners. A public meeting of physicians and surgeons was held under the chairmanship of Dr. Youl, the Acting Coroner. A committee was formed to prepare a report which was submitted at a further meeting in the Mechanics' Institution with Dr. Eades in the Chair. Dr. Black has omitted details from the minutes; but the debates went on for several months.

At the meeting on January 6, 1855, Turnbull became president; Tracy was appointed treasurer and Black re-elected secretary; Maund, Qualbrough and Gillbee completed the committee.

On March 3, Black was able to read the following Memorial which had been presented to the Legislature by Greeves, who had made his mark in politics and in civic and masonic circles:

The Memorial of the Victoria Medical Association  
Respectfully Sheweth

That your Memorialists are deeply interested in the passing of the Bill for the Registration of duly qualified Medical Practitioners now before your Honorable House.

That your Memorialists as Members of the Medical Profession are afforded ample opportunity of judging of the requirements of the Bill and presume that you will accord to them the privilege of expressing their opinions on the same.

Your Memorialists would therefore respectfully suggest, with reference to the 11th Clause relative to the "Holders of Foreign Diplomas", that the examination of such persons be not enforced but left to the discretion of the Board of Examiners; and, with reference to the 12th Clause, which provides for the Examination of "any applicant who may present himself for that purpose", that it be not enacted, as it appears to your Memorialists to be premature and unnecessary under the present circumstances in the Colony in which the number of duly qualified Men is so great that many are unable to get sufficient employment; and, even if such were not the case, the examining Universities and Colleges in the United Kingdom afford ample and, as your Memorialists conceive, the only legitimate means of testing the qualification of candidates for the Medical Profession.

Your Memorialists would further respectfully express their conviction that the 15th Clause, relating to the unauthorized sale of Drugs and Medicines, is urgently required, equally for the protection of the Public against the unscientific Dispenser as for the respectable Chemists and Druggists themselves.

Your Memorialists therefore respectfully pray that you will give the subject of this Memorial your favourable consideration.

And your Memorialists as in duty bound will ever pray

(signed) W. M. Turnbull, M.D.

President.

At the ordinary monthly meeting held at his house on April 7, 1855, Dr. Turnbull, the president, "introduced the subject of 'Lead Poisoning (Colic)' and read the details of cases which had occurred in his practice and submitted specimens of the water used in which lead was readily detected on analysis by the usual tests. This water had

been collected from the roof of an iron house, painted with white lead and was received in casks also painted with lead. Several others members also detailed cases which had recently come under their notice." This report is quoted to show that more recent communications on this subject have a precedent.

Another library meeting was held in May at which it was agreed to accept an offer from Messrs. Buzzard and Vale, booksellers of Bourke Street East, to house the library for a rental of £10 a year. The inference is that the Mechanics' Institution was no longer available. This was probably an urgent factor hastening the amalgamation with the Medico-Chirurgical Society domiciled at the Melbourne Hospital. Another order for books and periodicals was prepared and dispatched to England. Dr. Maund discoursed on local mineral waters and their medicinal properties.

The minute book ends abruptly in June, 1855, and the threads of the story must be picked up from the new one opened for the Victoria Medical Society.

#### THE MEDICAL SOCIETY OF VICTORIA.

The object of the Society shall be the promotion of all branches of Medical Science.—July 18, 1855.

After preliminary negotiations between managers, the fusion of the Victoria Medical Association with the Medico-Chirurgical Society of Victoria was achieved at a combined meeting held at the Melbourne Hospital on Wednesday, July 18, 1855.

The names of nineteen who were present are recorded, the notable absentees being Dr. David Wilkie, Dr. Richard Eades and Dr. Thomas Black. Turnbull, Tracy, Fisher, Maund, Qualbrough, Gillbee, McNicoll, Livingston and Whitcombe can be identified with the Victoria Medical Association, and Motherwell, Collings, Webster, Lucas, Jas. McCrea, Abbott, O'Reilly, Farrage, J. Black and Van Hemert with the Medico-Chirurgical Society. Dr. Lucas was the Chairman. Dr. G. Murray Webster, president of the society, proposed the resolution for the amalgamation and Dr. W. M. Turnbull, president of the association, seconded it. Dr. Collings and Dr. Tracy were given charge of the motion that the name of the united society was to be "The Victoria Medical Society". The election of officers was effected by ballot with the following result: President, Dr. Turnbull; Vice-Presidents, Dr. Lucas and Dr. Motherwell; Treasurer, Mr. Ford; Secretary, Mr. J. Black; Committee, Dr. Tracy, Dr. Collings, Dr. Maund and Dr. Webster. According to the minutes, the rules were then read and adopted. The text of this code is reproduced here for comparison with previous ones. Attention is directed especially to Rule 19 and Rule 24.

1. That the name of the united Society be the Victoria Medical Society.

2. That the object of the Society shall be the promotion of all branches of medical science.

3. That the Society shall consist of a President, two Vice-Presidents, Treasurer, Secretary, a Committee of four members and the present members of both Societies—the office-bearers being *ex officio* members of Committee.

4. That every candidate for election must be a medical practitioner, legally qualified by the Victoria Medical Board, after one year's residence in the Colony, or a Medical Officer in Her Majesty's service on full pay; and must be proposed and seconded by a member of the Society one month before the day of election, which must be by ballot, a majority of three-fourths of the members present being necessary to make the election valid.

5. That any two members of the Society may propose any legally qualified medical man who has not been twelve months in the Colony, to have all the privileges of membership except that of voting in the affairs of the Society until he is eligible by residence.

6. That the subscription to the Society (shall) be two guineas *per annum* and an entrance fee of two guineas paid in advance.

7. That the annual subscription shall be due on the First day of January in each year; and that any member whose payment shall be one month in arrears shall be apprised

of the circumstance by the Secretary and, if not paid within one month after, shall cease to be a member.

8. That the office-bearers and Committee of Management shall be elected by ballot at the ordinary January meeting.

9. That the Society (shall) hold its ordinary meetings at the Hospital on the Saturday nearest the full moon in each month at seven o'clock p.m.

10. That members shall have the privilege of introducing friends to the ordinary meetings with the permission of the President.

11. That the Library and other property of the Society shall be vested in the Committee of Management for the time being.

12. That the selection of books for the Library shall be determined at special meetings of the Society.

13. That the Secretary shall furnish a list of the existing members at each March meeting.

14. That the President or, in case of his refusal, any nine members may call an extraordinary meeting on giving the required notice.

15. That notice of each meeting of the Society shall be given to each member by circular and by advertisement in one or more of the newspapers four days previously.

16. That any business proposed to be transacted at any extraordinary meeting shall be duly specified in the circular notice and the business of the meeting shall be confined to the same.

17. That the special business of the ordinary meetings shall be the reading and discussion of original papers, cases and professional subjects; any paper so read to become the property of the Society and cannot be altered by the writer.

18. That each member shall rise on addressing the Chair and shall not speak oftener than once on the same subject without the permission of the Chairman except in explanation or in reply on introducing a paper or subject.

19. That any member found guilty of unprofessional conduct (shall) be expelled from the Society at a special meeting to be convened for the purpose by a vote of two-thirds of the members present.

20. That the members of the Society (shall) be invited to dine together once a year; and that the Committee shall fix the day and make all other necessary arrangements.

21. That at the Dinner of the Society any member may introduce a friend on the same terms as the members.

22. That the rules of the Society (shall) be entered in a book for the members to sign on their election.

23. That the foregoing rules may be altered or added to only by a majority of votes at a general meeting.

24. That the property of this Society shall never be divided among the members or sold for their benefit or alienated in any other way; but, in the event of the dissolution of the Society, or of the number of the members becoming less than five and continuing so for six calendar months, the property of the Society shall be given over in trust to the Committee of Management of the Melbourne Public Library until this Society (shall) be re-established with the same stipulations respecting the property.

25. That it be a fundamental rule of this Society that the Twenty-fourth Rule determining the destination of the property of this Society in the event of a dissolution or of its members becoming less than five and continuing so for six calendar months shall never be altered; and that each gentleman enrolling himself as a member of the Society shall be considered as pledging himself to the faithful maintenance of this rule.

It is felt that further reference should be made to the minute book opened on July 18, 1855, for this new Society. It weighs seven pounds, stands fourteen and a half inches high and though only two-thirds full it served its purpose until December 6, 1871. When Dr. J. E. Neild accepted the secretaryship then he stipulated that he must have a new minute book; the meetings were held in all sorts of places and the unfortunate secretary had to carry this imposing book to and from every meeting—and there were no motor-cars in those days.

The first ordinary meeting of the new Society was held at the Melbourne Hospital on Saturday evening, July 28, 1855, and nineteen members attended; Ford, Barker, Iffa and W. McCrea were there though they had not been at the

inaugural meeting. Turnbull was able to announce that the Committee of Management of the Melbourne Hospital had acceded to the request for accommodation and he then delivered the presidential address. Dr. Iffa caused an upset by asking whether medical men should make a charge for information supplied as answers to certain questions in connexion with life assurance. The subject was considered irrelevant by some present who ruled that it was outside the scope of the objective of the Society. Tracy tested the feeling of the meeting on the more general aspect of the well-being of the profession as opposed to strictly scientific matters and gained his point by a handsome majority.

A debate followed on Iffa's question and it was decided that a charge should be made not to exceed two guineas. Dr. Maund brought an important meeting to a successful termination by contributing a very interesting paper on "Injuries of the Head".



THOMAS BLACK.

Dr. Motherwell was chairman of the meeting on August 25. It is notable because Maund outlined a proposal for the Society to direct an Australian medical journal. He obtained the support required and the matter was referred for report to the Committee with Gillbee and Iffa added. McNicoll contributed an address on "Diseases of the Rectum" which was followed by a useful discussion. The unfortunate Adolph Berndt was rejected as a member as five out of fifteen voted against him in the ballot. Pilgrim of Meredith and Sconce of Collins Street east were elected.

Motherwell was again in the Chair when, on September 6, the Society adopted the report of the Committee about the establishment of a medical journal. The original arrangements are of sufficient importance to include here *in extenso*:

1. That it is desirable that a Medical Journal be established.

2. That its name be the "Australian Medical Journal"; its object being the advancement of medical science and the promotion of the general interests of the profession.

3. That the journal be conducted in the following manner, viz., by two Editors, a Treasurer, a Secretary, and two other members of the Society, to be elected by the Society from members willing to undertake the duties and pledging themselves to the Society to fulfil the same for twelve months; the two Editors to have the entire charge of the literary department of the journal—the one to superintend the more scientific the other the more general communications of the paper. The Treasurer (is) to superintend all money matters connected with the journal. The Secretary (is) to undertake the general correspondence of the journal. The six (are) to form a committee and all, or a quorum of them, (are) to meet before the publication of each number and discuss and determine on the arrangement and propriety of insertion of articles (and other such matters). That they be empowered to make their own regulations regarding such matters but, in case of doubt, to submit the same to the Committee of Management of the Society.

4. That the Journal (shall) be published quarterly, viz., on the 1st January, 1st April, 1st July and 1st October until circumstances shall render its more frequent publication expedient.

5. That the subscription to the journal (shall) be £1. 0. 0. annually, paid in advance; and that, in order to meet preliminary expenses, a list (shall) be at once opened for donations.

6. That it is not expedient at present to enter into any final arrangement with the publishers until the sum of £100 (shall) be in the Treasurer's hands.

7. That a letter (shall) be sent to every member of the profession (whose name can be obtained) in this and the neighbouring Colonies intimating the object of establishing this journal and soliciting cooperation by subscription and contributions to its pages.

It was decided to open a subscription list forthwith and to elect a committee at the next meeting and that the provisional committee should continue to act meantime. At the September meeting, permission was given for the publication of any paper contributed to the Medical Society provided that the author was agreeable. Dr. Maund and Mr. J. Black were appointed editors; Mr. Alex. Fisher, secretary; Dr. Tracy, treasurer; and Mr. Edward Barker and Dr. Motherwell were elected to complete the committee of six.

By December, 1855, the Society had an accession of no less than eighteen new members, including Arthur O'Mullane and several others who were to play a conspicuous part in its affairs; further scientific addresses were given by Ifia on "Diuretic Medicines" and by Motherwell on "Scarlatina"; Wilkie reappeared in December; and the committee was ready with suggested improvements of the rules. On December 22, twenty-one members assembled and adopted the following modifications of the constitution: There were to be two honorary secretaries; Mr. Hassel, the paid secretary, had ceased duty on November 1. A quorum of twelve members was necessary for balloting for new members. The subscription was halved in the first year when the member joined after June 30. When members were absent from the Colony the provision of Rule 7 would not be enforced. Ordinary meetings would be held on Monday night instead of Saturday night. Two librarians would be appointed from the members to act in an honorary capacity. Honorary members could be elected, one month's notice being required. A corresponding member would be appointed in London who would be expected to select and transmit new medical publications. A book was to be available in the library for suggestions by the members. Dr. Benjamin McDonnell of Dublin and Mr. Thomas Bowman of London were appointed corresponding members. Mr. McNicoll and Dr. Ifia were elected librarians.

The first annual meeting, so-called in the minutes, was held on January 19, 1856. Dr. Collings, surgeon 40th Regiment, was elected president; Motherwell and Wilkie became vice-presidents; Ford was reappointed treasurer; Maund and Black were the two secretaries; Barker, Tracy, Turnbull and McNicoll were the committee-men elected. The

treasurer had bad news; a consignment of books was lost in the *Schomberg* which was wrecked off Cape Otway; but the order was repeated. Dr. Turnbull's presidential address on "Vomiting of Pregnancy" was deferred, but was delivered four nights later to a small but select gathering.

Twenty-six members, the largest gathering to date, listened to the presidential address by Dr. Collings on February 19, 1856. His subject was "Cirrhosis of the Liver", illustrated with morbid specimens. The lecture was followed by a discussion. That night a purge was started; it was agreed that all members were to produce their diplomas for the president's inspection as some of them had "obtained the certificate of the Medical Board when proper supervision was not exercised". Soon Dr. Abbott wished to withdraw from membership. It was decided "that as Mr. Abbott is not registered" he was not a member of the Society. A month later, Abbott produced for the secretary evidence that he was a Doctor of Medicine of Glasgow, a Surgeon of London, an Accoucheur of Dublin and a Surgeon in the Civil Service of the East India Company—but he retired from the scene.

On April 21, 1856, we note the reappearance of "Mr. Thomas" who used to be styled Dr. David Thomas in the days of the Port Phillip Medical Association. He was away from Melbourne for several years and returned with the London Fellowship in surgery; his partner, Edward Barker, repeated this enterprise, which must have been a formidable undertaking in those days. On the night of his reappearance, Thomas exhibited a double monster from his midwifery practice. Collings, Barker, Motherwell, Tracy and Maund were deputed to dissect the specimen and to submit a report; the treasurer was instructed to pay for its "preservation". Next month Collings produced a monster which he had dissected and was able to describe. A month later Crooke, of North Melbourne, "exhibited Monsters from monstrous birth". Other scientific subjects were brought forward and became a regular feature of the monthly meetings; that practice has been continued to the present day. The other outstanding feature of the year's activities was the preparation of a Medical Reform Bill. Maund initiated "Reform" at the May meeting and became convener of a strong sub-committee comprised also of Wilkie, Motherwell, Turnbull, J. Black, Youl, Tracy, Barker and Fisher. Their Bill was adopted and the text of its twenty-two clauses was published in October, 1856, in the *Australian Medical Journal*. Mr. Knaggs, of King Street, joined the Society at the May meeting; he was to become conspicuous in the following year and to be a prominent member for many years.

In October, 1856, the first annual report of the Journal Committee was received, and at the election Eades and Knaggs became the editors; Turnbull replaced Tracy as treasurer; Dr. William Thomson became secretary instead of Fisher; and Wilkie and Macadam were appointed committee-men in the places of Barker and Motherwell. Thus the management was taken over by an entirely new team.

Several interesting events are associated with the annual meeting held on January 11, 1857. The elevation of the senior vice-president, Dr. Motherwell, set the fashion which was to be followed almost without variation through the years ahead. Adolphus Berndt was at last accepted as a member. A quorum—one-sixth of the membership—was fixed for the validity of any business other than scientific sessions. Mr. George Robertson, of Collins Street, was appointed buying agent for library requirements; hitherto London or Dublin booksellers had carried out that function. Fisher and MacKenna became secretaries instead of Black and Maund. Black auctioned a few duplicate books from the library. The Society had a credit balance of fifty-seven pounds, and an accession of a dozen new members during the year. It could be claimed that it was firmly established after a very successful year.

MacKenna was frequently at the centre of squabbles and disputes. The first example occurred when he disappointed the members at the February meeting by not attending to deliver a scientific paper. At the following meeting it was decided that, if any member caused it to be intimated

that he would read a paper and defaulted, he would be fined one guinea. Fines were the order of the day; Maund was librarian and had a library rule imposing a fine of a penny a day per item held beyond the due date for return, but the maximum fine was not to exceed twice the value of the disputed book. He read his list of fines outstanding at each monthly meeting. In April, MacKenna and Wilkie expressed annoyance at errors in the reporting of their original articles in the *Australian Medical Journal*; and Fisher said that a contribution to the discussion as published misrepresented the views he had stated at the meeting. Author's proofs were requested and the complaints were referred to the Journal Committee. During the year, Ford, with some support, drew attention to laxity on the part of Coroner Wilmot; sudden death with internal hæmorrhage, in an instance cited, was labelled "colonial cholera". At the May meeting, Wilmot's reply was "considered satisfactory". The journal finances drifted seriously because subscriptions were owing, there was less advertising and agents in the other colonies were not forwarding money promptly. Buzzard, the publisher, was asked to take over the business management if his terms were acceptable. He asked for 15% on returns exclusive of advertising and was offered 10%. The negotiations fell through, and Buzzard resigned the care of the library books and requested their removal from his premises. In October, Thomson reported that only twenty-five pounds were in the journal fund and the management was reconstructed. Wilkie became sole editor, Thomson secretary, Knaggs treasurer and the committee was increased to six additional members—Maund, Motherwell, Tracy, Eades, Barker and Black. Subscription lists were opened and the next issue was prepared. At that October meeting the Society elected Mr. George Beane to membership.

Motherwell presided at a special meeting, held on November 5, 1857, which was attended by a large number of members. Knaggs had failed to report a case of smallpox to the Board of Health in special justifiable circumstances. It was alleged that, with indecent haste and without consulting the medical profession, a Bill to amend the law relating to vaccination had been rushed through the Assembly. The first and second hearing stages had been passed on November 4. The meeting specified five grounds for disapproval of the Bill. The profession was most willing to supply information, but objected to compulsion and the imposition of penalties. They complained that Mr. Haines, M.L.A., had made a generalization from the particular "refusal" of Mr. Knaggs in very special circumstances. The Bill provided for power to be given to "any person", for example a layman, to vaccinate and to register the vaccination. It was onerous and unjust to require the vaccinator to transmit the certificates to the Registrar. They pointed out that oppressive quarantine would not effectively keep smallpox out, but that general "sanatory" measures, inclusive of widespread vaccination, would be more likely to do so. They published these views and decided to prepare a petition to the Legislative Council.

Dr. McCrea, President of the Board of Health, complained that unfounded allegations against his Board were made by the Medical Society and demanded retraction with equal publicity. The words that gave great offence to the Board members occurred in the full text of the second of the above five objections to the Bill which read as follows:

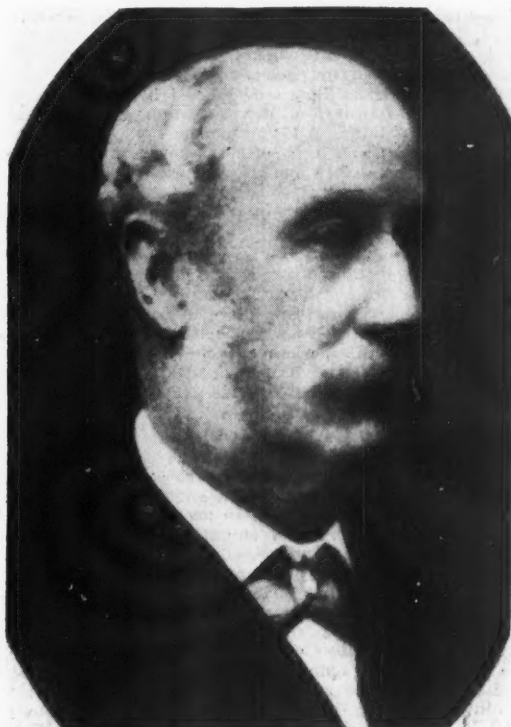
Because the statement of Mr. Haines in the Legislative Assembly last night that information was refused by medical practitioners was reference to a solitary instance in which such gross cruelty, injustice and arbitrary proceedings terminating in the death of a child were practised by official authority upon a poor patient of one of the members of this Society, that he informed the Chief Medical Officer that he would not again report on cases until proper accommodation was provided for their reception and treatment.

The president called another special meeting to consider Dr. McCrea's letter. After mature consideration they declined to make any alteration and sent a statement with reasons to Dr. McCrea. Apparently the politicians got the Bill through quickly because an influential deputation from the Medical Society waited upon His Excellency the

Governor to represent to him the unconstitutional character of the measure. They urged him to delay consent until he had communicated with the Home Government upon the matters raised.

During the year, 1857, Dr. William Thomson succeeded in establishing two innovations: the president was to deliver a valedictory address, and coffee was to be served after the monthly meetings.

On January 4, 1858, Maund procured some alterations of the rules. Only one secretary and one treasurer would be appointed. A fine of one guinea would be imposed if a subscription was overdue for three months and the name would be erased if the subscription was not forthcoming



EDWARD BARKER.

within six months after it was due. The treasurer was to furnish the list of members in July instead of in March. It was decided to reprint the rules as amended and to supply each member with a copy. Wilkie became president; Barker and Tracy, vice-presidents; Fisher, secretary; Knaggs, treasurer; Robertson, librarian; Maund, Turnbull, Livingston and Ford were elected to the committee.

As a sample of plain speaking, the full text of the minutes of a committee meeting held at the Melbourne Hospital on January 19, 1858, will be of interest; extra spice is added by the coincidence that, as chairman of the subsequent meeting, Mr. Knaggs had to sign them as a correct record.

Dr. Wilkie, the President, in the Chair.—The Bye-laws as contained in the Minutes were read and ordered to be printed. On account of the absence of the Treasurer, the financial account was not proceeded with. The general feeling of those present at the meeting was that the Treasurer was highly culpable in not being present or, at all events, in not sending the necessary documents. A strong feeling also prevailed as to the necessity of fining members for non-attendance and for being behind the appointed hour.

Dr. Knaggs having now arrived, the accounts were gone into; when it was found that the Society was indebted to the amount of about £30. Several outstanding

accounts were settled and it was resolved that no more new books should be bought until the funds of the Society at least had been considerably recruited.

(signed) Robert Knaggs,  
Chairman.

At the next meeting they sold "duplicate books" and obtained £8 10s. for the eleven items. They also accepted Dr. Thomas Embling, of Collingwood, as a member; he was the member for Collingwood in the Legislative Assembly and proposed to bring forward a Bill for the registration of medical practitioners, in which the Society's Medical Reform Committee was very interested.

At the March meeting an adjournment for a week was obtained to complete the scientific business and to discuss the Medical Bill, which, by then, was before the Assembly. Maund, Barker and Fisher were asked to wait upon Dr. Embling to communicate the views of the Society. They were particularly anxious to have a clause inserted requiring that the Medical Board be elected by the profession, subject to the approval of the Government. Maund died a week or two later. All the members were deputed to lobby and "whip" for the second reading of the Bill on April 23. It was laid aside and was not brought to finality till 1862.

On April 5, 1858, with Wilkie presiding, Mr. Knaggs paid a "feeling tribute" to the memory of John Maund. A letter of condolence was sent to his sister; a sub-committee was appointed to put into effect Fisher's suggestion that a portrait should be obtained to place on the wall of the Society's meeting place in perpetuity; and the meeting was adjourned as an act of respect. Maund's portrait, by Chevallier, was available for inspection by the members on July 5 and it is nice to know that it adorns the Medical Society Hall today, in the room in which the monthly meetings are held.

The financial affairs of the *Australian Medical Journal* again became critical early in the year. Dr. Thomson resigned as journal secretary in March and Mr. Fisher was persuaded to act temporarily. An offer was obtained from Messrs. Goodhugh and Hough to accept the whole of the responsibility if the Society supplied the manuscript and contracted to take one hundred copies of each issue. Fisher found he could not carry on as the system was inefficient and the finances were crippled. It was agreed that Goodhugh's offer should be given a trial, but Goodall and Demaine, the printers, refused to renounce the arrangement with them unless compensated to the extent of £40. The members were obliged to continue under the existing conditions until the end of the year, but a collector was appointed to bring in outstanding debts expeditiously if possible. By disposing of periodicals to members, £12 2s. was obtained. On September 20, Fisher made a verbal report on journal affairs. Thomson took over the editorship and Fisher soon was relieved as secretary by MacKenna. Authority was obtained to transfer the printing to Goodhugh and Hough. In December, Wilkie successfully proposed that the Society should have not more than twelve life members, who would each pay ten pounds for that privilege. He stated that that procedure had had a beneficial effect on the finances of the Philosophical Institute and would liquidate the Society's debt on account of the journal. In the following January the subscription was raised to three guineas; but each member was entitled to receive the journal.

On November 22, 1858, Tracy informed the members that the Committee of the Lying-in Hospital had set aside a sum of money for a mural tablet as a memorial for Maund. It had been intended that the Society's Maund Memorial Fund would cover the cost of the mural as well as of the portrait. At this same meeting Dr. Ferdinand von Mueller became this Society's first honorary member. He had applied for membership as he was qualified medically though not a practitioner. Hitherto members who had not qualified residentially had been called honorary members, but it was decided to call them probationary members. Mueller was an acquisition and often attended the meetings. He donated a copy of each of his valuable botanical books to the library as they became available through the years.

The annual dinner was held on October 26, 1858, for the first time at Menzies Hotel.

On January 10, 1859, Barker became president; Tracy and Ford, vice-presidents; Livingston, treasurer; Fisher and Robertson were reelected secretary and librarian respectively; Cutts, Turnbull, MacKenna and Moore completed the committee of management. Livingston retired very soon and Cutts became treasurer.

At the February meeting Tracy proposed and Gillbee seconded that a certain Dr. Bowman be elected a member, but the ballot taken rejected the candidate. In April, Wilkie explained that his name had appeared as an examiner of certain parties who attended the lectures of Dr. Bowman for qualified nurses. He had thought it harmless until Bowman had been rejected for membership, and would take the steps necessary to have his name removed from the advertisement. Gillbee said that he had been named similarly as an examiner though he had little practice of midwifery; he thought a lot of Bowman, however, and nothing he had heard would induce him to withdraw his name. Gillbee then attacked Thomson, the editor of the journal, charging him with misrepresentation in a report on a lithotomy operation. He refused to accept Thomson's ample apology, but it was arranged that a correction would be published to clear the matter up.

The meeting on May 2, 1859, was an interesting one. Mr. Thomas Fitzgerald, assistant house surgeon at the Melbourne Hospital, was elected to membership. The main business was an address by Ford on "Dysentery". He advocated treatment with Epsom salts and dilute sulphuric acid each morning and the use of mercury and opium each evening. The bad drainage in Melbourne was incriminated in the aetiology. In Prahran the percolation of sandy soil poisoned the wells. The diversion of the contents of privies into the River Yarra caused ills like those encountered near the Thames and the Clyde. Cutts referred to gluttony, intemperance and improvidence.

A discussion followed on the financial situation of the Society. This started with an inquiry from Wilkie as to how the life memberships were going off. He went on to suggest that the debt to him should be cleared. Cutts told him that only one member had availed himself of the opportunity to become a life member for ten guineas. Barker disapproved of the proposition and stated his preference for borrowing £120 from members at 10% interest. A new financial expedient originated at the next meeting. They resolved to reserve twenty full sets of back numbers of the *Australian Medical Journal* for sale to members at two shillings each for single copies and one shilling each for twenty, with intermediate quotations. It was also agreed to guarantee to take one hundred copies of each issue from Mr. Goodhugh instead of seventy "as formerly agreed on".

On July 11, 1859, Mr. Thomas Fitzgerald made the first of his numerous scientific contributions to the Society. He reported a fatality due to arsenic and produced the stomach as an exhibit. In a lively discussion "a great variety of opinions" was expressed. In August, Dr. Ifla read a paper which "gave rise to considerable dissatisfaction on account of the personalities it contained". It was contrary to policy to entertain matters involving personalities, and the Society "had no opinion on the matters raised". Nevertheless, conversation ensued on the disclosure of professional secrets which was considered to be justifiable "only in very urgent and peculiar circumstances". Mr. Barrett, of the Melbourne Lying-in Hospital, was accepted for membership. Agreement was reached that the Society would have "visiting members", who were to be medical men living outside the ten-mile radius. They would pay only one guinea annually, use the library, receive the journal and attend meetings without the right to vote.

In September, 1859, a letter was sent to the secretary of the Commission of Sewerage and Water Supply on the risk of lead poisoning. It was suggested that the commission should notify users of the water supplied from Yan Yean that they should run some water off before any was used. A favourable reply was received; the warning was to be printed on the back of receipts advising the

public to allow a little water to run off before using Yan Yean water.

At a special meeting, held on October 17, 1859, all aspects of the *Australian Medical Journal* were considered and a decision of great importance was reached. The members present—Barker, Tracy, Robertson, Turnbull, Motherwell, Cutts, Joseph Black, Ford, Martin, Knaggs and Fisher—formed themselves into a "Proprietary" with one week in which to add other members. The Company took the journal over from the society, which no longer would have any liability or share in profits (if any); but the journal would continue to be published under the auspices of the Medical Society of Victoria.

A movement of far-reaching consequences commenced at the meeting on December 12, 1859. Barker, Thomson and Fisher were appointed a subcommittee to revise the rules and make recommendations about raising the prestige of the society with a change of name. At the next meeting, Fisher gave notice of motion involving a change in name and status, and it was arranged that a special meeting would be held to consider the proposals on January 30. Tracy became president on January 16; Joseph Black was the new vice-president with Ford; Cutts remained treasurer; MacKenna took over the secretarial duties from Fisher; Lloyd became librarian; and Moore, Robertson and Thomson were elected to the committee.

At the special meeting, Fisher read the report of the subcommittee which is worthy of republication:

That the name of the Society be changed to that of "The Faculty of Medicine"; that the Faculty consist of Fellows and Members; that Fellows are only to be elected from Members who have contributed a Paper to the Transactions besides having been a Member for three years; that a Code of Ethics be adopted; and that an endeavour be made to obtain a grant of land from the government.

In urging the adoption of this report, Fisher expressed the belief that it would lead to a Charter of Incorporation which would strengthen the position of the profession and unite its members. The spirit of emulation and the adoption of an ethical code would raise the status of the profession. He mentioned that the profession in a neighbouring colony had already obtained corporate powers. In the discussion that followed reference was made to university implications, the need for a medical school, the desirability of a single portal of entrance to the profession and many other matters. When, ultimately, a majority agreed that the name of "Faculty" be adopted and several amendments were rejected, Tracy, the president, said that he had so strong an objection to the adoption of a name which, in his opinion, would certainly subject the society to the charge of assuming to itself a title that it was not legally entitled to, that it would most probably oblige him to cease being a member. Turnbull expressed himself similarly. By the exercise of the casting vote of the president, the meeting agreed to the retention "for the present" of the original name.

A fortnight later the battle was on again. At the request of the president, Thomson opened the discussion on the report. He moved successfully that it was expedient to alter the constitution of the society and to determine the manner in which it should be altered. He also got the meeting to agree that it was desirable to have the distinctions of Fellows and Members. Ford obtained agreement that nothing should be discussed in future at ordinary meetings except medical, surgical and scientific subjects. They carried a number of other propositions including the ethical code, the application for land and an Act of Incorporation.

By the end of March, 1860, the application for land was granted conditionally. The last two of six letters minuted on this subject are as follows:

G.B. No. 60/427

Department of Lands & Survey,  
Melbourne, 29 March '60.

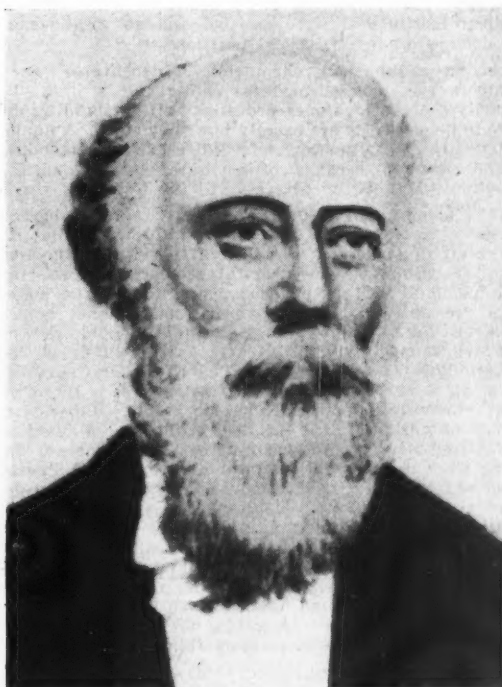
Sir,

Referring to the application recently made by the Medical Society of Victoria for a grant of land whereon to erect a Hall, I am directed to state that, if the Society will undertake that a suitable building will be erected

on the ground applied for, prior to the end of the year 1861 (sixty-one), the Honble The President of the Board of Land and Works will recommend that an Acre of Land, in the locality specified at the interview of the Deputation on 24th ulto., be reserved for the purpose mentioned.

I have &c.,

Cl. Hodgkinson.



RICHARD EADES.

J. W. MacKenna Esq.

Hon. Sec. &c.

Sir,

Referring to your letter of 29th March, I have been desired to state that the Medical Society of Victoria accept the conditions on which the Acre of Land assigned to them by the Honble The President of the Board of Land and Works will be given.

Thanking the Honble President in the name of the Medical Society for his ready compliance with their request,

I have &c.,

J. W. MacKenna,

Hon. Sec.,

94 Collins St. E.

8th April/60.

To C. Hodgkinson Esq.

Sec. &c.

The Honourable James Service was Commissioner of Crown Lands and Survey and President of the Board of Land and Works. Clement Hodgkinson was Deputy Surveyor-General and Secretary for Lands. The site offered adjoined the Trades Hall in Lygon Street, just north of Victoria Street. At that time, Lygon Street, south of Grattan Street, was in North Melbourne; Grattan Street was the southern boundary of Carlton, to the east of Elizabeth Street; North Melbourne extended to Flemington Road, westward of Elizabeth Street. The University, in Grattan Street, was thus also in North Melbourne and not very far away from the site offered to the Medical Society of Victoria. The Right Worshipful the Mayor of Melbourne was Richard Eades, M.D. The Melbourne Directory, 1860, contains the names and addresses of just one hundred metropolitan physicians and surgeons. On September 24, 1860, MacKenna prepared a list of names and addresses

of fifty-four members of the Medical Society of Victoria, being all that were known to him. They all have metropolitan addresses, but only thirty-eight of them are listed in the directory. It is correct to state that the directory list was incomplete and that half of the metropolitan doctors and none of the country ones were members of the society at that time. Addresses in Flemington, Hawthorn, Heidelberg and Kew were excluded from "Melbourne and Suburbs". Most doctors in residence at hospitals and medical institutions were omitted and so were some of the doctors occupying official positions.

Let us resume our chronicle. A debenture issue to members was mooted to raise capital for a hall. Temporarily the cautious ones prevailed; all outstanding debts were to be settled to see exactly how they stood. A financial statement by Cutts was referred back for amendment. Delay occurred because of a first-class row with the secretary. Action was deferred till the following year.

At a meeting on August 27, 1860, Tracy presided and Gillbee attacked MacKenna. Gillbee informed the members of the circumstances in the case of the late George Black, a patient of his at the hospital. He stated "two simple and uncomplicated propositions" and sought the answers from the meeting. In the absence of external signs of extravasation on admission to hospital, should he have operated immediately? Did extravasation of urine necessarily follow false passage? Mr. MacKenna, in the evidence as printed, had stated affirmative answers to these questions. Leaving out any recollection of his, Gillbee formed three contentions based on the statements of MacKenna and Alfred Barrett. He was not required to operate where there were no external signs of extravasation. The existence of false passage being conceded, it was not "therefore" imperative to operate. MacKenna was not justified in attributing to him malpraxis and the death of George Black. Gillbee got support from six speakers in succession and two further points were established. It was impossible or very improbable that the bladder could be penetrated with a catheter through a false passage made anterior to the triangular ligament. A welling-up of urine through the catheter could occur under those circumstances.

MacKenna repudiated the accuracy of the printed account of his evidence and said that he had done so immediately in a letter sent to the daily Press; and Mr. Alfred Barrett had adopted a similar course of action. MacKenna went on to tell the meeting some facts which had not been brought out in the evidence at the official inquiry. MacKenna had been consulted privately and had sent George Black to the hospital because he required immediate operation. He had a spasmodic stricture, a lacerated urethra, a perforated bladder and an accumulation of urine in the cellular tissue without external signs of extravasation. MacKenna had sent him expressly for early operation; had that course been taken the gangrene of the whole infraumbilical region including scrotum, perineum, and half-way down the inside of the thighs, which occurred on the fourth day after admission, would have been avoided; the patient took nine days more to die. MacKenna declined to accept Gillbee's assumption of the responsibility of George Black's death, except through neglect; or that any malpraxis could be attributed to Gillbee when there was no "praxis" at all. Three members present were "inclined towards" MacKenna's views and dissented from the opinion about the triangular ligament and exit of urine through the catheter.

Within a few weeks Tracy had a letter from MacKenna resigning the secretaryship, and Joseph Black assumed the office temporarily.

In the new year, Ford became president; Joseph Black and Gillbee vice-presidents; James Robertson relieved Black as secretary; Cutts remained treasurer; Thomson succeeded Lloyd as librarian; Barker, Motherwell and Wilkie were elected to the committee. Wilkie's reappearance is interesting—he had become Honourable David E. Wilkie, M.L.C., one of the five representatives of the North-Western Province. Robertson set about his new task energetically. They attempted to prearrange the scientific programme. They overhauled the rules. They bailed Cutts

up for a considered financial statement. The revised rules were printed and circulated with commendable celerity. They are entitled "Rules of the Medical Society of Victoria, as amended January, 1861"—this is the first time that that title was used officially and Rule 1 stated: "The name of the Society shall be 'The Medical Society of Victoria'." A list of fifty-one members is appended with addresses and "diplomas". Twelve names in MacKenna's roll are missing from Robertson's; nine on Robertson's do not appear on MacKenna's. It is difficult to account for this discrepancy in two official membership lists prepared within four months; they were very firm about payment of outstanding subscriptions. It is reasonable to assume that the Society at this time had fully sixty adherents.

The University of Melbourne granted the degree of Doctor of Medicine *ad eundem gradum* first to Brownless in 1856. Next year eight such degrees were bestowed: to Howitt, Macadam, Maund, Motherwell, Tierney and Tracy, who were members of the society, and to John Macfarlane and John Thomson who were not. In 1858 the degree was awarded to Livingston and Turnbull, and in 1859 to Berndt and Cutts, all of whom were members of the society. In 1860, Butler and Hudson got the degree; Butler was not a member of the Society.

The meeting on February 6, 1861, had some features of interest. G. H. Fetherston became a member. Thomas Shearman Ralph gave a microscopic demonstration of echinococci and chemical tests of cyst fluid, to illustrate an address by Dr. Hudson on "Hydatids"; and the patients were produced for clinical demonstration. Dr. Thomson afterwards moved successfully:

That a special meeting be called to consider the question of a Medical School and the means of organizing one most likely to ensure efficiency and the hearty support and cooperation of the profession.

This special meeting was held on March 20 with Gillbee in the chair. Thomson said that the public Press had suggested the necessity to have a medical school; it was appropriate for the profession to take the initiative. Motherwell said that the University was unlikely to act; they should get their hall erected and approach the government for aid for a "public object". Tracy advocated an approach to the University Council. Ford, Black, Gillbee, Tracy, Turnbull, Thomson, Motherwell and Robertson were formed as a deputation to ask the Council of the University for a conference on "medical education". On May 1, 1861, the reply to this deputation was communicated to the members of the Society in the following terms:

The Council of the University is very anxious to establish a Medical School and took the necessary steps to do so some years ago. The Chancellor read extracts from various documents showing that the Council were duly impressed with the necessity and importance of the matter and had applied to successive governments for funds to carry out the object in view. He briefly detailed the scheme proposed which embraced the selection of some individual of high standing in the profession in the Mother Country as Professor of Physiology and Minute Anatomy, Curator of the Museum, &c., to be placed on an equality, as regards residence and salary, with the Professors of Arts, &c., whose whole time and attention would be devoted to the duties of his office. It was intended that the other Chairs should be supplied from members of the profession in the Colony. The want of funds was the sole cause that prevented the carrying out of the scheme. The Chancellor also stated that the Council would be happy to receive any suggestions from the Medical Society and leave was granted for the Society to communicate with the Medical Committee of the Council of the University.

The consequences of the action taken were of a decisive character. The scheme referred to above was advanced by Dr. Brownless in January, 1857, but implementation had proved to be impracticable. The Medical Committee mentioned above was a strong one, consisting of the members of Council with medical qualifications, namely: Dr. Brownless (vice-chancellor), Sir Francis Murphy, the Honourable W. C. Haines, Dr. Godfrey Howitt, Mr. J. Pearson Rowe, and Dr. W. H. Cutts. The intervention of the Medical Society brought matters to a head. Its subcommittee worked with the Council's subcommittee success-

fully, and the society did not proceed with the project of sponsoring a medical school of its own. On March 3, 1862, Dr. John Macadam, Lecturer on Chemistry and Practical Chemistry in the newborn medical school, opened his lectureship in his personal laboratory at his own premises. Sir Redmond Barry, the distinguished Chancellor of the University, consulted with Sir James Paget and Sir Richard Owen, and ultimately selected Dr. G. B. Halford as the full-time Professor and Dean of the Medical School.

Meanwhile, the Society passed through a trying phase. On June 26, 1861, a special meeting was held with Mr. Joseph Black in the chair "convened for the purpose of considering the conduct of Mr. MacKenna in regard to advertising and resolving whether such conduct renders him liable to expulsion from the Society, in accordance with Rule XX". The wording of Rule XX is:

Any member found guilty of unprofessional conduct shall be expelled from the Society, at a special meeting to be convened for the purpose, by a vote of two-thirds of the members present.

It appears that MacKenna had advertised a reduced scale of charges in the public papers and circulated cards containing his scale of charges by having them thrust under doors and otherwise introduced into houses. Robertson, as secretary, "belled the cat" and asked for MacKenna's expulsion. L. J. Martin seconded the motion. They both spoke very earnestly about the degradation of the honour and dignity of the profession by those members who adopted "the schemes of trade". MacKenna said that the rule was not sufficiently explicit; that there were local precedents; and that a member of high professional standing in Dublin went in for advertising. Robertson disputed the right of MacKenna to attend the meetings of the society as he was not a financial member. The voting was recorded in muddled fashion, but it may be inferred that MacKenna was found guilty of unprofessional advertising and was requested to withdraw the advertisement. On July 10, 1861, another special meeting was held to consider MacKenna's letter refusing to withdraw the advertisement and tendering his resignation as a member of the society. Tracy, Wilkie, Bragge and Motherwell were positively in favour of acceptance of the resignation in preference to expulsion. Barker, Robertson and Turnbull wanted to expel him. Gillbee declined to vote or address the meeting "as it might be said he had been influenced by vindictive feelings in voting against Mr. MacKenna". The amendment to accept the resignation was carried. Barker resigned office as a committee-man and Robertson resigned the secretaryship and membership of the society. John Blair became the next honorary secretary.

The meeting held on September 11, 1861, was notable for several reasons. James Edward Neild was present for the first time as a member. There was an unusually long and good scientific session; Wilkie and Ford were eloquent in their praise of Tracy's successful performance of the new operation for the treatment of vesico-vaginal fistula—claimed to have been the first done "in these Colonies". The grant of land for the hall was gazetted. Motherwell and Gillbee were requested to move the library from the Mechanics' Institution to the Melbourne Hospital Lodge and were authorized to pay the porter at the lodge £10 a year to take care of the books and supervise the lending and returning of items used by the members.

The MacKenna affair and the failure to raise the prestige of the society into that of a "Faculty" precipitated a crisis in the ensuing months. The president and the secretary found themselves alone at a meeting convened for October 3, 1861, and were joined only by Hutchinson on October 22. No meetings are minuted until, on January 26, 1862, the annual meeting lapsed for want of a quorum; Ford, Wilkie, Turnbull, Gillbee, Berndt and Blair were the only members who put in an appearance. Retiring president, incoming president, two vice-presidents, two out of four committee members, treasurer and secretary conducted the adjourned annual meeting ten nights later; the absence of the rank and file must have been organized. Joseph Black, the new president, Gillbee, Wilkie, D. J. Thomas and Blair formed the audience at the March monthly meeting when Turnbull exhibited a cast of an anencephalic infant. At the meeting

on April 23, Berndt asked for a special meeting to discuss "tendering for medical attendance", and fourteen members assembled on May 28 to consider "the system of tendering for professional attendance on Benefit Societies". Berndt moved that the system was "injurious alike to the profession and the suffering public" and Barker seconded the motion. Martin was the only supporter of the club system and talked at considerable length; he succeeded in securing an adjournment of the debate, the formation of a committee and a decision to hold a public meeting to include non-members. These notes are the first references in the records to friendly society lodge practice; that subject has since occupied a position of great prominence in the debates of the executive committee of the society.



RICHARD TRACY.

At the monthly meeting on May 7 there was a brush between Turnbull and Thomas. Dr. S. D. Bird was admitted as a "visiting member" and addressed a small gathering on scurvy among the troops in the Crimea. In contributing to the discussion, Thomas discoursed at length on all features of scurvy; he annoyed Turnbull, who tried to stop him, but Thomas was allowed to continue by a ruling from the chair. At this meeting Hutchinson, Ridley, Robertson and Howitt refused to pay the subscription; the reason is not stated, but we may infer that they thought the Society was decadent. Fifteen came along to the June meeting to hear Tracy on "Retroversion of the Uterus", but only six attended the July one. The August meeting was postponed as a mark of respect to Dr. Thomas who suffered a "severe domestic affliction in the family". Thomas addressed five members only on September 17 on "Loose Cartilages in Joints". In October, Turnbull related an interesting case history. A woman died suddenly when six months pregnant. Turnbull delivered a living baby by Cæsarean section, but the infant soon died. The mother had a large hydatid cyst in the left cerebral hemisphere. The November meeting was not held and the December one lapsed. During the year only twenty-eight subscriptions were paid. Black and Blair attended every meeting that was held and by their faithfulness saved the society.

### Recovery After the Slump.

The annual meeting on January 7, 1863, was a notable success, though it was marred by unpleasantness. Fifteen members of the society attended and, in addition, many guests of the president. The following extract is quoted from the minutes:

Dr. Turnbull inquired by whose authority the advertisement containing the general invitation had been issued. The President said it was by his authority; and he considered it very bad taste on the part of Dr. Turnbull to spoil the harmony of the meeting. Dr. Turnbull denied that the President had any authority to invite any gentlemen. A somewhat stormy discussion ensued and most of the gentlemen present, not members, left the room. Mr. Gillbee endeavoured to reason the matter with Dr. Turnbull; but the latter continued obdurate. The reporters from the various papers present were ordered by the President to remain, although they too appeared anxious to make an exit. Subsequently, it was resolved, on the motion of Dr. Wilkie, that strangers be admitted; when many of the gentlemen, who had retired, reentered.

Mr. Gillbee became president; the vice-presidents elected were Dr. Livingston and Dr. Thomas; Lloyd remained treasurer and Blair secretary; Murray became librarian; Martin, Ford, Fetherston and Motherwell were elected to the committee. Wilkie, Turnbull and Tracy, retiring committee-men, were defeated.

The vote of thanks to Joseph Black for the valedictory address was moved by Tracy and seconded by Thomson.

Black and Blair were able to announce an impressive list of proposals for membership, and the secretary was instructed to inform "all seceding members" that, if they were readmitted, no entrance fee would be required and the subscription was reduced to one guinea. The response was immediately favourable; Gillbee received support from the "old brigade", and there was a return of seceders, and an infusion of new members, including Bird, Crook, Graham, Gray, Grier, Jonasson, Lillienfeld, Macauley, Molloy and Whitcombe. Many of these were to become presidents and office-bearers of the society.

### AN INTERLUDE.

In Victoria, by 1863, unemployment was rife as the alluvial miners streamed back to the large towns. Their only chance of security seemed to be to return to their former urban trades, and occupations. To get gold, deep layers of basalt had to be pierced, as at Ballarat, or mines had to be sunk and shafts driven, as at Sandhurst. Quartz-crushing operations required expensive machinery and company capital. It was only after years of expenditure that profits were obtainable. Wages fell alarmingly, and the trade unions became important politically for the first time. As expressions of the will of the people, protective tariffs and the supremacy of the lower house—the Legislative Assembly—were achieved. Democratic government was established.

There was a great impetus to professional improvement. Extensions and advances were being made of an educational and cultural nature. The importance of the existence of the University was appreciated; and substantial progress was being made in the development of the Public Library, the Museum and the Art Gallery.

A much more scientific outlook was apparent in the everyday work of the medical practitioners. The cellular pathology of Rudolf Virchow, the epidemiological advances of John Snow, and the bacteriological investigations which had started, changed some of the most cherished of medical notions. The "new medicine" soon saw Louis Pasteur's discoveries and, later, antiseptic and aseptic surgery. The improvements in treatment and the widespread, expert application of general anaesthesia changed the face of medical practice. The discovery of the ophthalmoscope, laryngoscope and auroscope led to new specialities; novel clinical evidences resulted from these penetrating methods of examination.

Finally, the existence of the infant medical school had a stimulating effect; lecturers and teachers had to be found and trained. They had to prepare themselves to undertake medical education right there in Melbourne. They knew that the hospital work would be subjected to criticism; the performances of the seniors would be rated competitively by keen young medical students.

Victoria came under responsible government in 1855. At the taking of a census in 1861, the population had increased to 540,322. It had become 731,528 at the eighth census in 1871; males 401,050, and females 330,478. At the ninth census, in 1881, the total was 862,346; males 452,083, and females 410,263.

### THE RESURGENCE OF THE MEDICAL SOCIETY.

"Grubbing weeds from gravel paths with broken dinner knives."

In 1863, when Mr. Gillbee was president, the Medical Society of Victoria made a remarkable recovery and escaped the disaster which must have seemed imminent during the previous year. The monthly meetings improved in interest and importance. Special meetings were held to discuss library affairs; and by June 3 the committee was able to report that the society was "in a most prosperous condition". Eades reappeared at the meetings; S. D. Bird, Neild, Ralph and Halford were new members who rapidly proved their worth. Bird demonstrated the laryngoscope and its uses; Manuel Garcia had predicted its coming in 1855 and it had been invented by Cermak in 1858; but its general use in medical practice was relatively slow. Neild was elected librarian and soon reorganized the library and made its contents readily available to the members. Ralph, University collector of scientific specimens, was an honorary member who often supplied microscopic demonstrations. Halford, the new professor, made his bow to the society one month after giving his inaugural address at the University; he spoke on the bones of the wrist and the ankle and illustrated his remarks with drawings and specimens. Eades, that year, was appointed by the University to lecture on *materia medica* and therapeutics to the medical students.

On June 15, 1863, a special meeting was held at which it was decided to interview the Chief Secretary to protest against a regulation introduced by Dr. McCrea, the Chief Medical Officer. Members of the Civil Service, in event of sickness, were required to obtain a certificate for leave of absence from Dr. McCrea for a fee prescribed in the regulation. They objected to the prescription of a fee, to the payment of the fee to a full-time salaried government officer, to the exclusion of private practitioners as certifiers for the purpose and to the inconvenience to sick civil servants. Mr. O'Shanassy received the deputation and disarmed its members by explaining that the regulation applied only when doubt of *bona fides* existed or prolonged leave of absence was involved.

At another special meeting, on July 29, it was decided that revaccination was recommended in all cases "where the arm does not present a distinctly defined vaccine cicatrix".

The influence of the great James Young Simpson, of Edinburgh, on senior members of the society such as Wilkie, Tracy and Thomas is revealed repeatedly by accounts of success in gynaecological operations, obstetrical manoeuvres and the use of instruments devised by him.

John Macadam, lecturer in chemistry in the medical school, addressed the monthly meeting of the society on August 5, on medical jurisprudence. All cases quoted had been investigated by him locally and the address is described as very comprehensive.

At every meeting new members were elected, and the list of honorary members was gradually extended to include prominent people, particularly from the Royal Society, such as the Reverend Dr. John Bleasdale, Dr. Ferdinand Mueller and, later, Professor George Neumayer. A notable new member was gained by the election of Mr. Girdlestone in December. Dr. William Thomson was particularly active during the year and on December 2 read a paper at a

special meeting about the unreasonable length of the medical course and the disparity between it and the well-established courses in Great Britain. The outcome was the appointment of a deputation to the Council of the University to present a "Remonstrance". It is minuted that the presentation in person was arranged "so that the Council might be brought face to face with the members of the medical profession upon the subject". Apparently the Council was not impressed as the classical content and the five-years programme were maintained despite criticism and opposition; the purpose behind this unusual curriculum was a compromise to placate those who wished to insist on a preliminary Arts course as a prerequisite for the medical course.

The annual meeting, held in the Board Room of the Melbourne Hospital on January 13, 1864, is a highlight in the history of the society. Gillbee's valedictory address was "greatly applauded". There was general appreciation of the "harmony, enthusiasm and progress" displayed during 1863. D. J. Thomas became president; Cutts and Martin, vice-presidents; Fetherston relieved Lloyd of the treasurer-ship; Graham, Lloyd, Campbell and Lillienfeld were the elected committee members. From the financial statement which was adopted we learn that forty "old" members and twelve new ones paid subscriptions and, after over forty pounds was spent on the library, the credit balance was a little more than fifty pounds. The list of those present at this meeting is of interest to show the blending of the old brigade with the new one at this critical period. The thirty names are those of the following: Barker, Bird, Black, Blair, Cooper, Cutts, Dowling, Farrage, Fetherston, Fitzgerald, Gillbee, Graham, Gray, Haig, Jonasson, Lillienfeld, Lloyd, Macadam, McCarthy, Martin, Moore, Mueller, Neild, Thomas, Thomson, Tracy, Turnbull, Whitcombe, Wilkie, Wilson. Campbell's name is conspicuous by its absence.

In 1864, the features of the activities of the society were the excellence of the scientific programme, the conferences with the Pharmaceutical Society on the British Pharmacopœia, a diatribe from Neild on misuse of the library, the contumacious behaviour of Dr. Thomson and the revival of the project of building a hall.

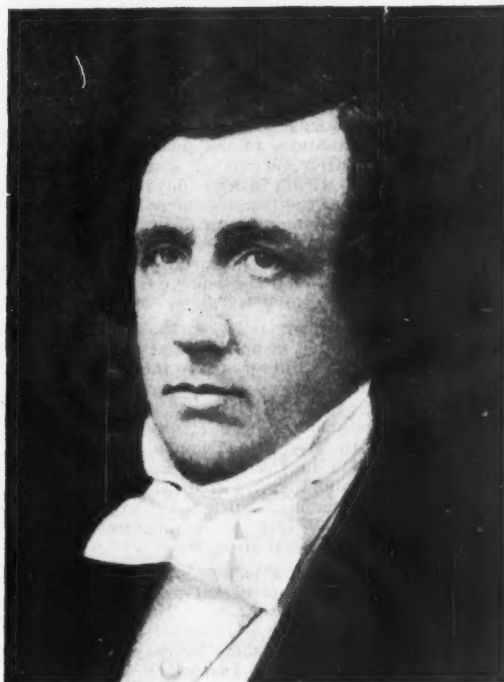
The details of successful ovariectomy by Tracy and two cases of ophthalmological interest presented by Gray are probably the most notable of the scientific items. A rather amusing discussion took place on suitable treatment of traumatic herniation of cerebral contents. On June 8, Dr. Martin read a communication from an "up-country" practitioner, Mr. A. T. Gunning of Mosquito Plains. Two children, each of whom had been kicked by a horse, were treated for compound fracture of the skull with "wounds of the membranes and loss of cerebral matter". A discussion followed in which Gillbee expressed the opinion that trephining was "amongst the explored operations"; he preferred "the recognized rule of conservative surgery of trusting to the operations of Nature". Thomson and Thomas cited three examples, with considerable sloughing and extensive solution of continuity, in which the natural triumph over adversity had been manifested.

Macadam was one of the three members for Castlemaine in the Legislative Assembly and was anxious to introduce a Bill for the recognition of the British Pharmacopœia instead of the London Pharmacopœia. In consequence, a conference was held between the Pharmaceutical Society and the Medical Society at which a joint committee was appointed. It was agreed that "P. Lond." would be meant in prescriptions unless "B.P." was added specifically to items; but, ultimately, Macadam's Bill was withdrawn and consideration of the subject was deferred "until a more perfect edition of the British Pharmacopœia be published".

Dr. Neild had a pungent style when he really got into his stride. An early example may be quoted from the minutes of the committee meeting held on July 27, though it is probably expurgated and abbreviated. Dr. Neild brought to notice

... the disgraceful fact that books were again missing from the Library. During the absence from sickness of the Curator of the Library, Mr. Chapman, books are

taken out and are evidently not returned. It is a notorious fact that members have the books belonging to the Society on their shelves and, notwithstanding the repeated announcements (even the published list of books missing inserted in the last copy of the Rules) not one book has been returned. The indefatigable exertions of the Librarian to keep the place in good working order are nullified in consequence of extreme carelessness—or otherwise—of some member or members unknown.



WILLIAM GILLBEE.

It is of interest at this distance from the events to give a short account of a quarrel between Thomson and his fellow members. At a special meeting on November 2, Thomas called the attention of members to an article in the *Medical and Surgical Review*, of which Thomson was the avowed author, and moved:

That the opinion of the Society be taken as to whether it be not a contravention of the 20th Rule and that the Society be called upon to deal with Mr. Thomson in accordance with the power given by that rule.

The action contemplated was that Thomson's name should be expunged from the list of the society. Thomas read the article and pointed out the offensive passages. An amendment was accepted after Neild had seconded the motion; the meeting considered it "inconsistent with what is due to itself and, therefore, inadvisable to take notice of the article". The secretary thereupon laid on the table a circular, stating the business of the special meeting, sent to Thomson and returned by him with the words "audacity—blackguards" written across it. An apology was demanded but was not forthcoming a month later; so another special meeting was held on December 12. Thomson's offensive behaviour was deemed to be "unprofessional conduct" and he was expelled from the society.

On December 7, at the ordinary meeting, Thomas read a paper on the excision of joints and showed successful results on three patients, and also showed a perforated zinc elbow splint. A special meeting was held afterwards to consider an official letter respecting the grant of land

made in 1860 conditional upon the erection of a hall within a year. Thomas suggested that Gillbee should lend the necessary money and receive interest; but Gillbee did not think it advisable to endeavour to retain the land; it would be preferable to purchase the freehold of a smaller piece and retain the right to freedom of action. Fetherston had suggested that they could comply with the condition for £200, but Gillbee thought £2000 would be needed. A spirited debate ensued, and a diplomatic reply was sent to the government. Thomas, Motherwell, Martin and Cutts were empowered to devise a scheme for placing a building on the land. The matter was not raised again until September, 1865.

On December 12 a deputation from the society was received by the Attorney-General and the Chief Secretary. The members of the deputation took exception to the appointment of schoolmasters, chemists and other laymen as government vaccinators, to the penalty for neglecting to register the children vaccinated and to the necessity to vaccinate babies within ninety days of birth. They secured the removal of the penalty clause and an extension of time to within six months of birth. Mr. McCulloch reserved the right to appoint laymen only when no medical practitioner was available in certain outlying, sparsely populated places and he undertook to see that the Act was carried out "in its integrity".

The culmination of Thomas's eventful year as president was his valedictory address delivered at the annual meeting on January 11, 1865. Reference to facts in this address have been made since by several outgoing presidents, notably by Dr. Upjohn in recent times. Some of the information he supplied about the earlier days is not confirmed by a scrutiny of the records. Thomas was absent from Melbourne from 1853 to 1859 and was not a participant in the activities of the Victoria Medical Association. It is conspicuous that Thomas omitted to give due credit particularly to David Wilkie for his sustained pioneering of the organization of the profession.

Dr. L. J. Martin was president for 1865; Cutts and Girdlestone were the vice-presidents; and the committee-men elected were Tracy, Jonasson, Gillbee and Graham. The other office-bearers were reelected. At the meeting Tracy drew attention to "some erroneous impressions" about the conducting of the *Australian Medical Journal*. It was resolved that the *Australian Medical Journal* be the recognized medium of publication of the transactions of the society and its official organ. The flotation of the Victorian Medical Benevolent Association, the rich scientific programme and the revival of interest in the building of a hall are the noteworthy features of the activities during the year.

On August 3, 1864, a meeting was held at which Dr. Cutts proposed that the Medical Society should establish a Medical Relief Fund. The motion was withdrawn when it was realized that relief was desirable for all practitioners in necessitous circumstances and that the membership of the society was merely fractional. Cutts went ahead with the proposition which emanated from a public meeting of practitioners. On February 8, 1865, Dr. Cutts approached the society for an advance of money to defray the preliminary expenses of the Victorian Medical Benevolent Association, but, on meeting opposition from Gillbee and lukewarm support from Fetherston, Cutts did not pursue the idea and the matter was dropped. The Association has maintained its independence and has carried out its praiseworthy benevolent function to this very day.

At several of the scientific meetings Ralph used his microscope to demonstrate the usefulness of aniline dyes to stain tissue cells, for the differentiation of cells and for the elucidation of histological and pathological processes. He described the parasitic nature of bovine pleuropneumonia, showed a fluke stained with magenta and postulated "the probable relation of some obscure diseases of the human economy to a parasitic origin". The surgeons appeared on the programmes frequently and presented accounts of orthopaedic and operative advances. Towards the end of the year Dr. Day, of Geelong, contributed the

first of his series of papers on the pharmacology of ozone and its chemical affinities. At the October meeting Jonasson reported the features of a case of Addison's disease. A special minute was recorded when Dr. Macadam died; his loss at an early age was greatly deplored as he occupied quite a number of responsible positions and always acquitted himself with distinction.

A special meeting was held on September 20 about the building of a hall for the use of the society. The sub-committee expressed the opinion that an effort should be made to fulfil the condition attached to the grant of the land. A detailed proposition was prepared and presented at another gathering on December 6. The sum of £400 was to be borrowed at 9% interest on the personal security of eight members of the society. This was known as the president's scheme and was discussed solidly, but no definite decision was reached. A short excursus is necessary to complete the account of this business. Contributions were invited to a Building Fund at the annual meeting in 1866, but the response was unsatisfactory. The final blow fell on July 4, 1866, when a letter was "laid on the table" from the Office of Lands and Survey intimating that the allotment granted to the society was gazetted for sale in consequence of the failure to fulfil the conditions under which the land was reserved.

Dr. Cutts was installed as president on January 10, 1866; the vice-presidents were Girdlestone and Fletcher; and Tracy, Bird, Gray and Gillbee were elected to the committee. Blair, Fetherston and Neild retained their offices as secretary, treasurer and librarian respectively. The growing list of honorary members was extended to include Mr. Ellery, the Government Astronomer, and others. The standard of the scientific meetings was maintained and papers by specialists predominated. Time was spent on the clauses of the *Health Act*, and another deputation waited on the Attorney-General and induced him to remove several objectionable clauses, some of which had been retained inadvertently. Neild got on the warpath again about the deterioration of the library procedure and the need to buy some new books. Eades read a paper on "Sewerage", which was a topic of great interest and importance at the time. The arrival of clinical pathology as a practical adjunct is illustrated by the subject discussed at the August meeting. Ralph's introductory address was entitled "Observations and Experiments with the Microscope on the Effects of Various Chemical Agents on the Blood". Later in that month Thomas addressed a meeting at which his old friends, Wilkie, Eades and Gillbee, were present.

On January 9, 1867, Girdlestone became president; Neild and Bird were appointed vice-presidents; Tracy, Gillbee, Black and Jonasson were elected committee members; Nicholls succeeded Neild as librarian; and Fetherston and Blair retained office. Our story becomes interlaced at this stage with that of the great Intercolonial Exhibition which had opened on October 26, 1866, in a new building, on which £25,000 was spent, situated behind the Public Library; this building afterwards became the National Museum. The Exhibition was managed by a Commission of which Sir Redmond Barry was the president. Dr. Thomas Black, Dr. von Mueller and Judge Bindon were commissioners. The Reverend Dr. Bleasdale, of the Royal Society and an honorary member of the Medical Society, was in charge of the display that was made of colonial wines. At a late hour on February 6, 1867, after a heavy programme of "papers", Bleasdale produced samples which were gravely tasted and judged as to "their merits as stimulants in a medicinal point of view". Blair, the honorary secretary, completed the minutes of the meeting as under:

The meeting terminated unanimously agreeing to call a special meeting for the better consideration of these wines—meeting to take place at the Exhibition on an early day and due notice to be given by the honorary secretary.

It was further arranged that the President be empowered to write Dr. Bleasdale on the desirability of obtaining permission to place its library and hold its meetings in a portion of the Intercolonial Exhibition.

The following is a copy of the letter sent:

Sir,

The Medical Society of Victoria is desirous of obtaining permission to place its library and hold its meetings in a portion of the Intercolonial Building, in accordance with a resolution of the Society having for its object the promotion of medical science, in which I am aware you have always taken a deep interest.

I have the honor to request that you will be so good as to bring our application before the Commission and otherwise render your valuable assistance in carrying out the wishes of the Society in this respect.

I have the honor to be, &c.

T. M. Girdlestone,  
President.

The Rev. Dr. Bleasdale.

The next and subsequent ordinary meetings of the society were held as usual in the Board Room of the Melbourne Hospital, but the special wine-judging meeting was held on February 11 at the Intercolonial Exhibition. Twelve samples of wine from different vineyards, in South Australia, New South Wales and northern Victoria, were carefully examined, mainly with a view to their medicinal character. The wines were found to be "generally of a superior class and better suited for hospital purposes than those in ordinary use".

In March and April a petition was prepared and signed not only by the members of the society but also by other practitioners. The petitioners prayed the Assembly to reject the Bill for the repeal of Part 4, Sections 69 and 70, of the *Public Health Statute*, 1865. These sections contained the provisions to prevent pollution of the River Yarra, and the doctors were justifiably concerned about "the great evil that would result from the manufacturers being allowed to discharge their drainage into the river", from which all household water came other than that collected from the roofs.

At the July meeting, after a scientific feast, samples of mineral water from a natural spring at Hepburn were exhibited along with an analysis supplied by the Government Analyst. A month later the special exhibit was the triple lever truss, manufactured and patented by Mr. George Guyatt, a local surgical instrument maker.

On October 23, 1867, it was decided to "adopt and recommend" the British Pharmacopœia "on and after May 1, 1868".

A fortnight later Ralph contributed an address on the action of snake poison on the blood, which was the first of a long series of contributions on snakebite and remedies for it by many of the members of the society. It is also of historical interest to note that on December 4, 1867, Gillbee "made some remarks on Lyster's system of treating abscesses with carbolic acid"; the remarks were "very instructive" and "an interesting discussion ensued". Lister's original contribution on the subject had appeared in *The Lancet* of March 16, 1867, and its arrival in Melbourne must have been much later in that year.

Dr. Neild was president for 1868; Bird and Jonasson, vice-presidents; and the elected committee-men were Gillbee, Black, Graham and McCarthy. Fetherston, Blair and Nicholls were reappointed in their positions. Attention was drawn at the annual meeting to the recurrent losses on the dinners and it was decided to alter the rule to ensure that the funds of the society were not depleted in that manner. A valuable new member was elected at the February meeting in the person of Dr. MacGillivray, a distinguished expert on parasitology, who practised medicine at Sandhurst (Bendigo). Day and Pincott, at Geelong, were busily occupied in the study of ozone and hydrogen peroxide, and Day often supplied scientific contributions on the applicability of his researches to clinical medicine.

The extraordinary Reverend Dr. Bleasdale was billed to address that February meeting on the preservation of meat. Twenty members assembled in the Board Room to hear him; but he took the party to his laboratory in

Russell Street as he had arranged an exhibit of preserved meats and extracts and colonial wines to be inspected and tasted by the members. Samples of preserved meats from New South Wales had been shown at the Intercolonial Exhibition and he had followed the matter up. He considered it of great importance as at least 1,500,000 sheep would have to be slaughtered in Victoria alone that year. At that time Liebig was still at Munich investigating the organic chemistry of the vital processes and teaching about the application of his discoveries in connection with the preparation of nutritive meat extracts and preserved meats.

A graceful new ceremonial was introduced by Dr. Neild at the May meeting. Dr. Fulton and Dr. Patrick Smith had been elected members. They were presented to him as president on this the first occasion of their attendance after election. It is a pity that that custom has fallen



JAMES EDWARD NEILD.

into abeyance; it would be likely to impress and stimulate the neophytes, increase attendance at monthly meetings and interest more members to participate actively in the life of the society.

It is of literary interest to place on record the fact that, on July 8, Dr. W. L. Richardson, of London (formerly of Ballarat), was elected an honorary member. Walter Lindesay Richardson, in 1849, became a doctor of medicine at Edinburgh. He practised at Ballarat, East Melbourne, Queenscliff and other places. His distinguished daughter, Ethel Henrietta, was born in Melbourne. She married Professor J. G. Robertson, who predeceased her. Her immortality is assured in the pseudonym, Henry Handel Richardson, and her trilogy about Richard Mahony.

A special meeting, called by the president, was held in August to consider two matters. The first was to discuss the decision made at the Melbourne Hospital, a fortnight earlier, to appoint a pathologist and medical jurist to the staff of the hospital. The other business was the consideration of a Bill, introduced into the Legislative Council by the Honourable David Wilkie, to compel the adoption of the British Pharmacopœia.

Diphtheria was widespread, for the first time, in America in 1856 and throughout London and the south of England in the following year. The causative organism was not known, but practitioners were vying with each other to establish clinical methods of coping with the scourge. Numerous papers were read at various times before the Medical Society by physicians, surgeons and specialists, as the disease was rife and taking a toll of the lives of little children. Day and Thomas read papers on this subject on September 2, 1868.

On November 4, it was decided to replace the custom of production of diplomas, to ensure *bona fides* on election to membership, by acceptance of the fact of registration by the Medical Board of Victoria. Afterwards the meeting adjourned to Bleasdale's office in the Museum, behind the Public Library, which was not far away from the Board Room of the Melbourne Hospital. The fare consisted of preserved meats, mineral waters and colonial wines, and Bleasdale announced that he had arranged with several wholesale wine merchants to supply the approved wines "to the poor at the lowest figure that would cover actual expenses".

On December 2, Dougan Bird described the modern treatment of pulmonary consumption with reference to the contributions of Williams published in *The Lancet*. At that meeting William Henry Archer, the distinguished Registrar-General, was elected an honorary member.

Thomas, Tracy and Gillbee were among the twenty members present at the annual meeting held on January 6, 1869. Bird became president; Jonasson and Blair were elected vice-presidents; Aubrey Bowen succeeded Blair as honorary secretary; Fetherston continued as treasurer and Nicholls as librarian; and Tracy, Gillbee, Haig and Martin were appointed to the committee. Blair produced a roll of fifty-six financial members and supplied an annual report, so-called for the first time. Another innovation was to style the treasurer's report a balance sheet; the amount at credit was £50 16s. 11d. Patrick Moloney was elected a member. He, with William Carey Rees, graduated from the local medical school in 1867 and they were the first two to complete the course.

In February, Dr. Neild was able to announce that he had received for the society a set of the *Transactions of the Royal Society*, from London, doubtless in exchange for a set of the *Australian Medical Journal* sent to London for the Royal Society a year earlier; a set had also been sent, on request, to the Obstetrical Society. Through the years the library had been enriched by many donations, especially from von Mueller, who never omitted a copy of his frequent publications on botanical subjects. Dr. Neild was editor of the *Australian Medical Journal* from 1862 to 1879. After the greatly regretted death of John Macadam in September, 1865, Neild became City Health Officer.

In March, A. F. West Ford was "re-entered upon the roll of members". At that meeting Mr. E. G. Fitzgibbon, Town Clerk of Melbourne, was present, by request, as an observer at an important discussion based on the report of the Health Committee of the City Council, dated February 22. He addressed the meeting on action already taken by his council to minimize river pollution. As the Health Committee had "demonstrated the existence of extensive pollution" and as the law was practically inoperative to prevent this, it was decided to express the opinions of the Medical Society in a memorial to the government. In this document the great danger to the health of the people was stressed and the government was urged to prevent the pollution. Mr. Michie, a member of the legislature, laid the memorial before Parliament. An outbreak of varicella, which some regarded as "modified variola", was worrying the health authorities at the time; and, indeed, actual smallpox probably occurred and was certainly diagnosed; for instance, at the July meeting Van Hemert addressed the members on a recent case of smallpox, the diagnosis of which was disputed by Jonasson, Bird, Cutts and Thomas.

In July the decision was made to submit an application to the Royal Society to pay rent for the use of a room in the society's hall. Three months later the Medical Society held its first meeting in that new venue. The much-

travelled contents of the library also found a temporary abode in the hall of the Royal Society.

In September, Edward Barker's evidence in support of a notorious quack named Jordan, who brought an action against Syme of *The Age* and *Leader* newspapers, was subjected to inquiry at a special meeting attended by twenty-eight members. In 1863 Barker was one of those who became a doctor of medicine of the University of Melbourne, under special regulations which permitted of the examination of certain practitioners who were not eligible for *ad eundem gradum* graduation. He was thus entitled to be known as Dr. Barker, though hitherto he was well known as Mr. Edward Barker. He should not be confused with his brother, Dr. William Barker, an "up-country" practitioner, who came to Melbourne to practise later and entered into the activities of the Medical Society. Edward Barker was an outstandingly competent surgeon on the staff of the Melbourne Hospital and a University lecturer in surgery. On the present occasion the members of the society accepted his explanation, but recorded that his medical evidence in the late trial "was exceedingly injudicious and imprudent and injurious to the interests of the profession and the public". Neild moved an amendment, unsuccessfully, that he be expelled for unethical professional conduct; this action of Neild's fostered ill-feeling between them.

In the latter part of the year some important new scientific subjects were introduced. John Day descanted on colour tests. Richardson and Girdlestone reported on an inspection of the purity of the sources of the proposed water supply from the vicinity of Yan Yean. Martin and Clutterbuck opened discussions on convulsions associated with pregnancy. MacGillivray supplied as exhibits a new Weiss lithotrite and fragments of a stone crushed by it.

Dr. Jonasson was elevated to the presidency on January 19, 1870; Professor Halford joined Mr. Blair in the vice-presidential posts; Neild returned to his old office as librarian; Fetherston continued as treasurer and Bowen as secretary; and the committee was completed by the election of Gillbee, Bird, Tracy and Cutts.

The activities for the year opened with a determined heresy hunt against unqualified practitioners. It was decided to write to the police and request the prosecution of "parties who glaringly practise without any qualification". It was considered that the society should assist the police in the interests of the public and of the profession. It was also decided to employ a collector to raise funds with which to prosecute unlicensed practitioners.

In March the members of the society bestowed a signal honour upon David Thomas. They elected him an honorary member and presented to him an address, signed by everybody present and "tastefully illuminated on vellum". The text of this effusion is quoted for the information it contains and as an interesting relic of a custom which has almost disappeared.

To DAVID JOHN THOMAS Esquire, M.D. St. And. et Melb., F.R.C.S. Eng., L.S.A. Lond., Surgeon to the Melbourne Hospital and formerly President of the Medical Society of Victoria, &c.

Dear Sir,

We, the Members of the MEDICAL SOCIETY OF VICTORIA, have great pleasure, on the occasion of electing you an HONORARY MEMBER of the Society, in expressing the respect we entertain for you personally and the high opinion we hold of your great skill as an accomplished surgeon. Your long and honourable career in the Colony and your close identification with every movement relating to the interests of the profession are part of the history of this rapidly advancing community; and your many valuable contributions to the literature of medicine will always be remembered with gratitude by those who regard such records as the materials out of which the science of medicine is constructed.

Permit us to assure you of our warm esteem and sincere admiration and to remain,

With the most cordial feelings of professional brotherhood,

Faithfully yours,  
(Signatures.)

A subcommittee was hard at work wrestling clause by clause with the Amended Medical Bill, and several special meetings were held on the subject.

From the reports minuted we can appreciate the high order of excellence of the scientific work of the members. Professor Halford was well to the fore on the treatment of snake-bite. Thomas attended regularly and, at the July meeting, he "exhibited his collection of diseased bones that he had removed and prepared for display". Acute rheumatism, abdominal cancer in a child, therapeutics of opium and belladonna, pharmacology of chloral hydrate, treatment of tetanus, climatic influences on consumption, lithotripsy, foreign bodies in bronchus and oesophagus, epithelial cancer, cardiac anomalies, laryngeal diphtheria, radical cure of varicocele, and several other subjects were under discussion. Day described and illustrated Newmann's process for distinguishing human blood from the blood of animals and the blood of one animal from that of another. At that meeting, in October, Barker was present; that was his reappearance after the "affair". Blair's preparation of the larynx and trachea of a child who died of diphtheria was presented as the first preparation for the new pathological museum.

They sent a memorial to the Chief Secretary for a *Poisons Act* patterned on an Act passed in England in 1868 and extended in 1869. A further request was that unqualified persons be prohibited by law from selling and dispensing medicines and that qualification to do so be based on examination.

In the minutes of the meeting held on December 7 we find the following laconic note: "Mr. Beane tendered his resignation—it was accepted".

The last scientific contribution for the year was from Day. It was on the "effects of a moist atmosphere in favouring the propagation of erysipelas"; he was not far away from the solution of that mystery.

On January 11, 1871, Professor Halford was installed as president in the hall of the Royal Society, which had become the usual meeting place of the Medical Society. The names of those present give an indication of the blending of age and experience with youthful enthusiasm; the veteran Thomas and recent graduates of our own university assist at the elevation of a medical professor from overseas to the leadership of the society of private medical practitioners. The list is as under: Bird, Black, Blair, Bowen, Cutts, Fetherston, Gillbee, Girdlestone, Haig, Halford, Hunt, Jonasson, Lane, Lawrence, Lillienfeld, McMillan, Molloy, Moloney, Neild, Robertson, Patrick Smith, Thomas, Wigg, and Wilkins. Fetherston was relieved as treasurer by Cutts to become the new vice-president; Bowen and Neild retained office; Gillbee, Jonasson, Black and Tracy completed the committee of management. During the year Lillienfeld was appointed temporarily to replace Bowen as secretary.

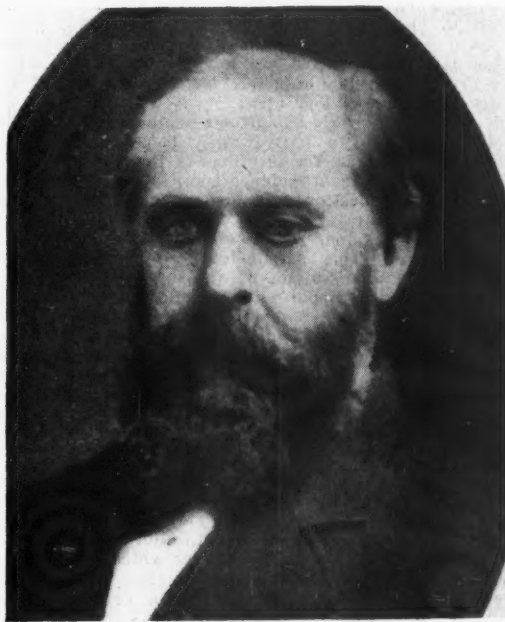
Several conferences were held with the Pharmaceutical Society to give consideration to the new Pharmacy Bill. Neild reorganized the library; *A Class* contained items not to be removed from the library such as unbound and recent periodicals, books of reference and late editions; the books that could be borrowed were in *B Class*.

A note of bereavement was introduced at the meeting on June 7 because of the recent death of David Thomas. A warmly phrased letter of condolence to the widow was signed by the president. At that meeting we hear for the first time of the Alfred Hospital; and also Rees, who graduated with Moloney, made his first scientific contribution to the Society's deliberations. He produced an ovarian cyst removed at autopsy at the Alfred Hospital, and undertook to supply the microscopic findings of a study of the cyst wall.

The August meeting was a notable one; Tracy opened the session with an account of no less than six cases of ovariectomy. His old colleagues, Wilkie, Gillbee and Knaggs, were present with twenty other members; Knaggs was a

visitor on this occasion, but he rejoined two months later when elected an ordinary member. At that October meeting a letter was received from Dr. William Thomson having reference to an anonymous communication addressed to him "some time ago". During the year there were two inquiries on ethical charges of intrusion, and in each case the intrusion was proved but no penalty was exacted.

The operative removal of an ovarian cyst by Fetherston was one of the interesting scientific items of the year. Wigg's pathological contributions and reports from the aurists and oculists are indicative of progress.



THARP M. GIRDLESTONE.

John Singleton and William Smith were the members of the staff of the Hospital for Sick Children, where there were six beds for patients just before Christmas, 1870. The small house at 39 Stephen Street South was woefully overcrowded during 1871. We notice that Singleton and Smith attended the clinical meetings of the Medical Society and took part in its activities.

Thirty-two members, including Barker, Ford, Gillbee, Knaggs and Tracy of the old brigade, gathered at a special meeting on November 29 "to consider the result of the recent action of Turner *versus* Van Hemert". Mrs. Turner was successful in an action for negligent treatment of an injury and recovered damages and legal expenses. The Supreme Court in Banco had rejected an application for a new trial. It was the expressed opinion of the members of the Medical Society that the original verdict was unjust and against the weight of medical evidence; and that much stronger medical support could be obtained at a retrial "as under any treatment the case could not have terminated less unfavourably". They pledged themselves to reimburse Van Hemert "in the expenses to which he had been subjected in that action"; and appointed Knaggs as treasurer in a committee to raise the money required for the purpose.

Further revision of rules was needed to cope with this and other matters. The famous large minute book was discontinued and a new phase of the corporate life of the society commenced.

# THE MATURITY OF THE MEDICAL SOCIETY OF VICTORIA.

"We be of one blood, thou and I."

A new era opened with the annual meeting held in January, 1872. John Blair became president; Fetherston and Knaggs were appointed vice-presidents; Cutts retained the treasurership and Neild was reappointed librarian; the elected members of the committee were increased to six, and Gillbee, Tracy, Jonasson, Martin, Halford and Girdlestone were chosen. Some trouble occurred over the choice of a secretary. Lillienfeld, who was acting for Bowen during his prolonged absence in England, was passed over for election although he had given an undertaking to retire, if elected, when Bowen was again available. The meeting decided to elect Bowen; and Lillienfeld took it as an expression of want of confidence in him. He was not disposed to continue to act even temporarily. The selection of an acting secretary was left for the decision of the committee, who prevailed upon Dr. Neild to accept. Dr. Neild agreed on certain conditions which the committee accepted. He was to have proper books, inclusive of separate minute books for meetings of the committee and of the society and an attendance book to be signed by all present at each meeting. He also changed the existing arrangement for printing; in future all the printing required would be done by Messrs. Stillwell and Knight. The outcome was very satisfactory; the records became clearly legible and systematic and have scarcely been improved since. It is apparent that Neild was an unusually exact and very capable man. He is said to have had the mien suggestive of that of a terrier responding to the cry of "Rats". We are approaching the modern period, for there are those in our midst who attended Neild's lectures in forensic medicine. He had a great influence on medical development in the Colony of Victoria as a leader in the medical society, in the medical journal and in the community for a great number of years.

Amended rules were promptly printed and circulated with new rules for the proper use of the library. The library rules were also printed on sheets which were displayed prominently on the walls of the library. Committee work started on a revised scale of fees which was adopted on July 3. The accommodation at the hall of the Royal Society was deemed inadequate and a committee was appointed to report on more suitable quarters. The Van Hemert Fund was closed in March and the sum of £276 was paid to the doctor as a solatium from his colleagues and sympathizers.

At the meeting in February, Mr. Jenkins described Listerism as a recent improvement in surgery. A carbolic acid spray was exhibited and Jenkins showed how it was used. The subject was discussed with interest.

An indignation meeting was held when the Government set up a Royal Commission on Diphtheria without consulting the members of the society. Evidence could be compelled and some of the personnel of the Commission were not acceptable to the medical profession. It was intended to contest the power to compel attendance for examination and meanwhile to boycott the Commission. However, Martin had already given evidence and Neild had obtained an exemption from Dr. McCrea, who was the chairman of the Commission. Tracy had been called by the secretary and not by the chairman, so his non-compliance was not illegal. The legal firm of Macgregor, Ramsay and Brahe was consulted and advised formal compliance but passive resistance. Members of the profession received a circular along those lines, with the additional information that the members of the Medical Society found the questions submitted impossible to answer categorically. Dr. Day resigned from the Commission, but the "homœopathist" remained on it.

At this time the Medical Society was "in wrong" with the Government's legal advisers. Repeated but futile attempts were made to secure an interview with the Attorney-General about an increase in the remuneration of medical witnesses.

William Harvey Jackson, of Merino, was committed for trial for manslaughter. Unable to obtain professional assistance, he had in emergency performed craniotomy on a foetus with extemporized instruments in attempting to save the life of the mother. The view of the Medical Society was that his conduct was not blameworthy and that "the practitioner in attendance alone was able to judge the necessity" for craniotomy. A deputation was arranged to "wait on" the Solicitor-General to request him to enter a *nolle prosequi* order or, at least, to have the trial heard at Melbourne instead of at Belfast (Port Fairy), to give Jackson a better chance of an unprejudiced jury. In an open letter in the public Press the Chief Clerk announced that the Solicitor-General would not communicate or be interviewed on the subject as it was *sub judice*. By letter, Neild was notified of the appearance of the Press announcement. Neild had also mentioned in the correspondence that it was customary for the Crown Law Office to obtain skilled advice in technical cases. The Medical Society offered to cover reasonable expenses for the defence, but the money was to be found privately and not from the society's funds. A hitch occurred over the selection of counsel for the defence, and the end of the story is not recorded.

Later in the year an attempt was made to have the *Medical Act* amended to include a provision that the members of the Medical Board should be elected by the legally qualified medical practitioners and that the Board should be given power to "erase the name of any practitioner guilty of any infamous crime".

In December, Barker read a paper on the desirability of establishing provident dispensaries and also read an article by Nankivell, of Torquay, submitted to the British Medical Association in England on the same subject. Barker, Cutts, Neild, Girdlestone, Bowen and Gillbee were appointed "to examine into the system as proposed and to draw up an abstract for a special meeting". There the matter rested for some time.

At the annual meeting in 1873 it became obligatory for candidates for office to signify approval on nomination. Later in the year it was resolved that for the future the custom of according votes of thanks to the authors of papers be abolished. These two decisions are still operative.

Dr. Fetherston became president; Knaggs and MacGillivray were the vice-presidents; Cutts was reappointed treasurer and Neild librarian; Lillienfeld was elected secretary; and the elected members to complete the committee were Jonasson, Blair, Black, Martin, Girdlestone and Gillbee. Tracy was nominated, but presumably he withdrew and announced his intention to make the trip to Europe. On February 25 thirty-eight members provided a dinner in honour of Tracy, at Morton's Criterion Hotel, and presented to him an illuminated address, in album form, signed by the members.

Knaggs and Wilkins put William Thomson up for reelection as a member. The proposal was accepted conditionally; Thomson was to apologize at that late hour for the insulting words which had caused his expulsion. He did so, but at the ballot he was not elected (ayes 15, noes 8). In May, Knaggs resigned office as senior vice-president, presumably as a protest against Thomson's exclusion; and the committee appointed Gillbee as vice-president.

Thirty-nine members were present at the annual meeting on January 14, 1874, at 117 Collins Street East (Ogg's Pharmacy). MacGillivray was elected president unopposed; Aubrey Bowen and John Day were elected from seven candidates as vice-presidents; Cutts and Lillienfeld retained office; Neild remained librarian; Patrick Smith and Molloy were elected auditors; and from a field of eighteen candidates for the committee, the members selected Gillbee, Fetherston, Martin, Jonasson, Rudall and Black. Neild drew attention to the zeal of the president who, in accepting office, would repeatedly have to make the long journey from Sandhurst which was very onerous, especially in inclement weather. He hoped the monthly meetings would be well attended in recognition of MacGillivray's enthusiasm.

The Vaccination Bill and the new Medical Bill were thoroughly discussed and sifted. Ultimately Girdlestone appeared at the Bar of the House to supply information and to be examined on the wishes of the profession. McCrea was induced to concede desired changes in the Vaccination Bill. The activity was justified by the results. A move was made to keep an album of photographs of members, but nothing came of it although a committee was appointed to implement it.

The death of Tracy, towards the end of the year, was greatly deplored. A special minute was prepared and a letter of condolence was sent to the widow.

Aubrey Bowen became president in January, 1875; Day and McMillan vice-presidents; Cutts remained treasurer; Neild replaced Lilienfeld as secretary; Patrick Smith became librarian; Molloy and Graham were appointed auditors; Gillbee, Bird, Martin, Girdlestone, Blair and Ford were elected to the committee.

In March an important special meeting was held to consider Professor Halford's snake-bite treatment by means of the intravenous injection of ammonia. Surgeon-Major Armstrong, of Her Majesty's Indian Army, was present as a visitor. The controversy in *The Lancet* and the Report of the Indian Snake Commission were discussed. It was decided that the society would publish Halford's papers in the *Australian Medical Journal* and that a subcommittee would conduct an investigation on snake poisoning early in the following summer.

Tracy's death created a vacancy on the Medical Board, but the Chief Secretary would not consent to the selection of a successor by the profession. A Chinese herbalist applied to the Board for registration, unsuccessfully, but the Medical Society empowered the committee to take legal action if necessary to prevent violation of the *Medical Practitioners' Act*.

A member who advertised too prominently was called upon to explain his conduct and was allowed to resign from the society. Attention was directed to the conspicuous use of Blair's name in connexion with the sale of "Blair's Compound", a preparation of cod-liver oil and iron. Blair made a spirited explanation. He said that he had had nothing to do with the announcements, which were a source of annoyance to him. At the same time, he did not think they differed materially in character from those so extensively put forth by Dr. Churchill in connexion with the hypophosphites, or Sir James Murray in association with his fluid magnesia, or Dr. Richardson with the anæsthetic ether, or Dr. Dover with his powder, or by Dr. Gregory with his. Instruments, too, were called by the names of the inventors who were often practising surgeons. He stated that the titles on the wrappers were correct, but promised that he would ask the chemist to discontinue what the committee had found to be objectionable.

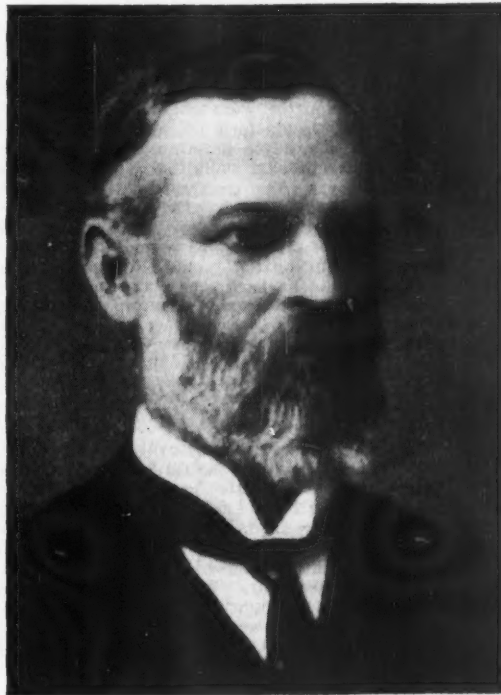
Mr. Myers, who said he was a doctor of medicine of the University of Lima, obtained registration by the Medical Board of Victoria; and the Peruvian Consul undertook to obtain authentic information. It was discovered that, even if a mistake had been made, the Board could not erase the name from the Register. This flaw in the Act was subsequently rectified.

Balls-Headley, when proposed for membership, wrote to inquire whether he was likely to be black-balled as he had opposed Jonasson for a junior appointment at the Melbourne Hospital. He was informed that the committee did not regard his candidature as a disqualification and, in due course, he was elected by ballot but not entirely unanimously.

It is of interest to record that the membership roll was carefully revised by Neild and Cutts. The number of financial members was 123 (inclusive of nine honorary members). During the year 16 new members were elected which just balanced the losses; two died, two resigned, and the membership of 12 lapsed—Addison, Avent, Bradford, Clutterbuck, Colquhoun, Gillman, Johnson, Lilienfeld, Little, Macqueen, Taylor and Van Hemert.

The names of those present at the annual meeting on January 5, 1876, are indicative of the changes in personnel that occurred over a five-year period (compare the list for 1871). The list is: Annand, A'Beckett, Blair, Bowen, Cutts, Day, Dempster, Fetherston, Ford, Fulton, Gillbee, Girdlestone, Graham, Gray, Healey, Heath, Hewlett, Hunt, James, Jonasson, Kirkland, Martin, MacGillivray, McMillan, Molloy, Morton, Von Mueller, Neild, Rae, Ralph, Rees, Ryan, Watkins, Whitcombe, Williams.

Day was appointed president; McMillan and Graham were elected vice-presidents; Gray became treasurer; Neild remained secretary and Patrick Smith, librarian; Molloy and Haig were selected as auditors; and the committee was completed by Gillbee, Martin, Bowen, Bird, Blair and Rudall. Rudall was soon replaced by Jonasson.



HARRY B. ALLEN.

Following a meeting at the Technological Museum for wine-tasting and the inspection of very pure olive oil, a Standing Wine Committee was appointed. It consisted of the Reverend Dr. Bleasdale, Blair, Kirkland, Jonasson, Gillbee, with the president and the secretary.

Considerable interest was taken in the work of the Snake Poisoning Committee, and an official report was published in the April number of the *Australian Medical Journal*. In June the debate was resumed. Forty-four people were present when Mr. Wooldridge moved that "the intravenous injection of ammonia is the best remedy at present known". A fortnight later, the attendance was sixty-four, including many laymen and other visitors. Two more meetings were held, until on July 5 the original motion was carried. An amendment was lost advocating ligature, excision and oral stimulants.

A protest was lodged against the removal of medical qualification as essential for a coroner. The Solicitor-General, who was in charge of the Inquests Bill, upheld the original intention and gave reasons for not accepting the opinion of the medical society.

Dr. McMillan became president in January, 1877; Graham and Fitzgerald were the vice-presidents; Gray,

Neild and Patrick Smith were reelected; and the members elected to the committee were Cutts, Martin, Bowen, Girdlestone, Jonasson, and Rudall.

On February 7, 1877, it was decided to erect a hall on the site of the present Medical Society Hall in Albert Street, East Melbourne. Finance was arranged by an immediate transfer of £30 from the general fund and the raising of £1000 by a debenture issue to members. The debentures were £5 each and carried interest at 6%.

This decision to erect the Hall was the culmination of work which commenced in the previous July. Dr. Jonasson informed the committee that he had reason to believe that the society could obtain a grant of land for its purposes. He and Dr. Bowen were given authority to wait upon Mr. Gillies, the Commissioner of Crown Lands, to make formal application for a small block in the Water Tank Reserve on Eastern Hill adjoining the ground of the Society of Arts. Correspondence followed with Mr. W. H. Archer, Secretary of Lands, who was an honorary member. There was delay over "an impediment in the shape of a request from a government department for the reservation in its favour of the area". At the end of October nine members of the executive committee went as a deputation to Mr. Gillies, who imposed the old form of condition and wanted to know how soon a suitable building would be erected. Smith and Wyatt, architects, submitted a series of plans with estimates of costs. The least costly design, modified by Dr. Bowen, was recommended to the members, approved by them and implementation was left in the hands of the committee. The size of the hall was 36 feet 8 inches by 24 feet 6 inches; bedroom, sitting room, kitchen pantry and lavatory were provided as back offices for the caretaker; and the front portion inclusive of committee room, hall, stair area, porch and veranda was left unbuilt. Within a month over £700 was raised. Those who took up more than two debentures each were: *Ten*—Bird, Bowen, Cutts, Fitzgerald, Martin and MacGillivray. *Five*—Barrett, Burke, Day, Fletcher, Graham, Gray, Hewlett, McMillan, Morton, Neild and Rowan. *Four*—Moloney.

At this stage, the Council of the Royal Society proposed that an application be made to the Government "to aggregate the various learned societies in one scientific federation"; trustees were to be elected by the several societies and the grant of land would be made to the trustees. The existing building of the Royal Society could be extended and the Medical Society could have a hall of its own therein at a smaller cost. Mr. Ellery was the president of the Royal Society and an honorary member of the Medical Society. In turn, advances were made to Mr. Blackett, of the Pharmaceutical Society, "with reference to the domestication of that body in the Society's Hall".

In the end the Medical Society went on with its own plan, but had a lot of trouble to persuade the members to take sufficient debentures. The erection of the building was carried out reasonably expeditiously and the next annual meeting was the first meeting held in it.

In June, 1877, a revised scale of fees was issued, based on the half-guinea fee for ordinary visits within one mile by day or in the surgery by day. Similar night-time consultations were one guinea. Mileage was, by day, half a guinea, and by night, one guinea. There was a bigger range of operations quoted at fees such as "operating in hernia—25 to 50 guineas"; not to include after-attendance or payment of assistants.

In October, 1877, a new rule was adopted to appoint three trustees of the Medical Society; and Cutts, Martin and Bowen were elected as the first trustees. The wording of the rule is as follows:

There shall be three Trustees, who shall be elected at a special general meeting convened for the purpose of such election. They shall hold office during the pleasure of the Society, and shall not be removable save by death, resignation, permanent absence from the Colony, or by the vote of three-fourths of a special meeting called for the purpose of considering their conduct. They shall have charge of all the property of the Society, but shall not dispose of any portion of it save by the consent of the Society at a special meeting, of which eight days' notice shall be given to every mem-

ber in the Colony. They shall be *ex officio* members of the Committee of Management. It shall not be necessary to submit the names of candidates for trustees prior to the meeting at which they are to be elected.

On December 5, a ballot was held for the election of Youl and Candler as honorary members, but neither of them obtained the requisite proportion of favourable votes. At that meeting, Mr. Girdlestone placed on exhibition some carbolized kangaroo tendons, prepared for use in lieu of catgut, and also some prepared silk and thread for ligature and suturing; and he read a short account of them. Mr. Fitzgerald "made some observations upon the exhibits".

The Medical Society of Victoria reached maturity as an institution when it took possession of its own building on the corner of Albert Street and Brunswick Street Extension. Dr. George Graham was elected president; Fitzgerald and Gray became the vice-presidents for the year; Girdlestone was appointed treasurer in place of Gray; Neild was again elected secretary; Jamieson took the library over from Patrick Smith; Bird, McMillan, Hewlett, Jonasson, Rudall and Williams were the elected members of committee. There was an increase in numbers brought about by the right of the three trustees to membership of the committee without reelection.

On January 16, 1878, the opening of the hall was celebrated by holding in it a formal supper party. The caterer was Mr. Hoelskin of Bourke Street East. The roll of those present is available and is of interest to show changes in personnel with the passage of the years: Visitors—Dr. Brownless, Vice-Chancellor, and Mr. Lloyd Taylor, Architect of the Hall. Honorary Members—Archer, Bleasdale, Bosisto and Von Mueller. Members—Alsop, W. Barker, A'Beckett, Bird, Bowen, Browning, Burke, Cutts, Fitzgerald, Fletcher, Ford, Gray, Jamieson, Jonasson, Gillbee, Girdlestone, Haig, Heffernan, McMillan, Molloy, Moloney, Morton, Neild, Pincott, R. Robertson, Rudall, Ryan, Schleicher, and Williams. The president, Dr. Graham, was unable to be there.

The list of toasts is solemnly recorded in the minute book and, even at this distance in time, is not without interest:

#### *The Queen.*

Proposed by the Vice-Presidents.

#### *Prosperity to the Medical Society in its New Hall.*

Proposer, Mr. Archer, late Secretary of Lands and Survey.

Respondent, Mr. Fitzgerald, Senior Vice-President.

#### *The Medical School of the University.*

Proposer, Dr. Jamieson.

Respondent, Dr. Brownless.

#### *Kindred Societies.*

Proposer, Dr. Cutts.

Respondents, Dr. Neild, for Royal Society, Mr. Ralph, for Microscopical Society, Mr. Bosisto, for Pharmaceutical Society.

#### *Country Members.*

Proposer, Mr. Ford.

Respondent, Mr. Pincott.

#### *Australian Medical Journal.*

Proposer, Mr. Gillbee.

Respondent, Dr. Neild.

#### *The Ladies.*

Proposer, Dr. Jonasson.

Respondent, Dr. Williams.

#### *The Health of Dr. Bowen.*

Proposer, Dr. Neild.

Respondent, Dr. Bowen.

#### *The Memory of Dr. Tracy.*

Proposer, Dr. Bird.

#### *The Health of Mr. Fitzgerald, the Senior Vice-President.*

Proposer, Dr. Brownless.

Respondent, Mr. Fitzgerald (Chairman).

#### *The Health of Dr. Graham, the President. In absentia.*

Proposer, Baron Von Mueller.

The year, which started auspiciously, was one of considerable turmoil, but, before reference is made to that aspect, some short notes of historical interest will be placed on record. The Society gained some interesting new members; Mr. A. W. Finch Noyes of Deniliquin, Mr. R. A. Stirling of Richmond, Mr. George Le Fevre of London and Dr. Balls-Headley of Collins Street were elected by May, 1878; and all became very well known later. In June a letter of condolence was sent to Miss Eveline Carmichael, daughter of the late Dr. Carmichael, wrecked in the *Loch Ard* on Victoria's south coast, near Peterborough. In July Mr. Fletcher presented to the Society an engraving: "Harvey demonstrating the circulation of the blood to Charles II."

It appears that the friction commenced in consequence of the election of Balls-Headley to membership. He had his detractors, and Thomas Rowan wrote a violently worded letter of resignation, but withdrew the resignation soon afterwards. Dr. Joseph Black and the Reverend Dr. Bleasdale "returned their circulars" to Dr. Neild, and their names were removed from the list by executive resolution. Balls-Headley subscribed for ten debentures in the Building Fund and offered to read a paper on "The Case of the Late Judge Fellows"; the paper was refused under that title.

Dr. Bulmer and Professor Halford were arraigned for advertising. In June, Bulmer was informed that "advertising, such as he admits having resorted to, by a medical man is improper in any part of the world". It took till the end of August to conclude the case against the professor for causing the distribution of a lithographed circular advertising his availability, before 9.30 a.m. and after 4 p.m., for limited practice of his profession. It was resolved that his explanation be "considered satisfactory". In August, Le Fevre submitted a removal notice for approval which was adjudged to be "not unprofessional". In August, a layman preferred a charge of "unprofessional conduct" against a Footscray practitioner; the matter was thoroughly investigated, but the complaint was not sustained. The details reveal how a doctor's reputation can suffer from inaccurate and irresponsible comments of the relatives and friends of his clients.

The most worrying trouble arose out of a frontal attack on Neild and the proprietors of the *Australian Medical Journal*. A letter was addressed to "The Chairman" of the Medical Society of Victoria by eight members of good standing. They were J. H. Webb, John Fulton, Thomas Rowan, F. T. West Ford, J. D. Kirkland, P. Moloney, John J. Dempster and Robert Robertson. They drew attention "to the extremely unsatisfactory state" of the only journal which was the mouthpiece of the profession in the Colony. They asked for an investigation which would include communications from members who were interested; and they suggested reorganization. A sub-committee, consisting of Girdlestone, Fitzgerald, Williams, Bowen and Jamieson, was asked to prepare a scheme for the improvement of the journal. An addition was made to the editorial staff and a New Series of the *Australian Medical Journal* started in January, 1879.

On June 17, 1878, Dr. L. J. Martin was the recipient of a silver cup and salver and an illuminated address from the members of the society on the eve of his departure for England. The salver and cup cost forty pounds, but the case of champagne, listed among the refreshments, only cost £5 15s.

Later in the year Dr. Wilkie resigned from the Medical Board of Victoria; and Neild wrote officially to the Chief Secretary to request that the vacancy be filled by a vote of the whole profession. He mentioned that, in 1872, the "whole of the Board were so elected". The Chief Secretary replied that he did not see the necessity as the profession was well represented on the Board.

In September and October consideration was given to the Contagious Diseases Bill and the Medical Act Amendment Bill. Representations were made to the Attorney-General to obtain amendments. A clause was required to provide payments to hospitals from which medical attend-

ance on sufferers from contagious diseases could be financed. The offer of Mr. Bosisto, M.L.A., to act for the Medical Society in the discussions on the Medical Act Amendment Bill was accepted. The object of the measure was "to compel the Medical Board to register persons possessing no valid certificate of having been properly educated and examined". This was regarded as unjust to those already legally qualified and to the students in the local medical school. A letter was received from the Attorney-General to the effect that the Government did not intend to support the Bill.

Herr Gerlach, on behalf of the Victorian Musical Society, applied to rent the hall for the purpose of practising and for occasional meetings, but was informed that "the proposition could not be entertained".

In November, Graham proposed the formation of a society, altogether apart and distinct from the Medical Society, as a "profession protection association" after the style of existing trade-protection societies. Girdlestone was asked to gather information and submit a report at a future meeting. Thus began the establishment of the Medical Defence Association.

Dr. C. S. Ryan was elected as a member in December, 1878; he, too, was to become very well known and prominent. At that time, the committee found it "not inexpedient" to recommend to the general meeting that the resignation proffered by John Blair be accepted. The story behind that recommendation is rather interesting, but it would spoil it to abbreviate it. The incident will serve to remind us that we are converging on modern times and that unprejudiced historical treatment of the source material after about 1880 is not yet practicable.

Thomas Naghten Fitzgerald became president in January, 1879. The retiring president presented a presidential chair to the society of which Fitzgerald thus was the first occupant; his further progress to the primacy of the profession in Australia is one of the glories of the society.

The necessity to pay interest on the debentures was a drain on the finances and rigid economy was enforced. A careful purge of the list of members was made and all in arrears were urged to pay up or terminate their association with the society. Some were allowed to be reelected as members. New members were welcomed. Unessential subscriptions for periodicals were terminated. The only death mentioned is that of Dr. W. T. Molloy, the first "career superintendent" of the Melbourne Hospital. George Annand, of Toorak, rejoined and P. B. Bennie was among the recruits, early in 1879.

By the death of Mr. J. T. Smith, a vacancy occurred in the board of official visitors of the lunatic asylums. The medical representation on that board was feeble and an approach to the Chief Secretary was planned; but the appointment of Mr. Knaggs was announced and everybody was satisfied.

Rule 8, dealing with the interest of the Medical Society in the journal, was amended; Dr. Neild became "chief editor", and two sub-editors were appointed to assist him.

In March, 1879, we find the first reference to the trouble with James George Beaney and, at a special meeting held on March 19, it was unanimously resolved:

That this meeting of the Medical Society of Victoria protests, in the name of the Medical Profession of this Colony, against being represented in England, or elsewhere, by Mr. James George Beaney, or in being, in any way, associated with him.

This resolution was printed in a circular letter, signed by Neild, and sent to the various medical journals, medical schools, hospitals and medical societies, to the General Council of Medical Education and to various distinguished members of the profession in Great Britain and Ireland.

Dr. Blair and two colleagues held a sham meeting and sent a letter to the Press purporting to come from a representative gathering, indignantly repudiating the right

assumed by the society to decide that Beane was not the genuine delegate of the local profession. The facts were ascertained and another circular letter containing them was sent off to the recipients of the first one.

In May, 1879, Dr. Louis Henry was black-balled, but Dr. Henry O'Hara became a member. On that occasion a particularly rich scientific agenda was sent to the members. Girdlestone described the use of plaster of Paris as an "immovable dressing"; Snowball contributed "Sayre's Treatment of Curvature of the Spine"; Day spoke on the chemistry of carboic acid and Balls-Headley on successful ovariectomy; Ralph was down to "describe and exhibit under the microscope, specimens of Hydatid and Cancer, which have been growing on a slide, during several months past"; and there was plenty more to follow if time permitted.

Furnishing of the hall was progressing piecemeal as the special fund for the purpose permitted; a large centre table was desirable and "suitable matting" to cover the hall would cost twenty guineas. The yard had to be asphalted and the caretaker's chimney still smoked. The asphaltting was postponed.

On May 14 Dr. S. D. Bird was the recipient of an illuminating address in album form signed by some fifty members who gave him a champagne dinner as a send-off "on the occasion of his visiting Europe, after a long, successful and in all respects honourable career in this colony". The expenses were defrayed by subscription.

On May 21 Graham was appointed a trustee on the death of L. J. Martin.

During the year an unusual number of disputes on ethical matters was brought under consideration, but it was a time of unrest and these disputes are paled in importance by the advent of an opposition society and the appearance of rival notices in the lay Press and in the medical journals published in Sydney.

Dr. Louis Henry, who had been rejected at the ballot for membership of the Medical Society of Victoria in May, 1879, had recently returned from England with authority, in writing from the President of the British Medical Association, to attempt to establish Australian branches of the British Medical Association. However, this fact had nothing to do with his rejection; and it is officially recorded in the minutes that he was a young man against whom, personally, there was no cause for complaint. On September 11, a meeting was held at Dr. Neild's house, 165 Collins Street East, which was attended by Neild, Henry, Cutts, Graham, Gillbee, Jamieson, Morrison, McMillan, Rudall and Browning. That group decided to convene a meeting of the profession and to propose the formation of a Victorian Branch. At that meeting, held on September 25, thirty members were enrolled as foundation members of the new association. They adopted the requisite regulations and elected Gillbee as president; Cutts became vice-president, Henry, secretary and George Graham, treasurer; the elected members of Council were Neild, McMillan, Rudall, Jamieson, Browning and Alexander Morrison. By the end of the year the membership had risen to sixty-two and, during 1880, it continued to grow. The new Branch was soon in communication with members of the profession in the other colonies, and Branches of the British Medical Association sprang up in New South Wales and South Australia.

It is not difficult to appreciate that the Medical Society of Victoria was shaken by this competition. The interest on the debentures swallowed up half the income, and the debentures had to be redeemed by 1887. It was hard to collect outstanding subscriptions and many of the members and prospective members joined the new association. It is true that large numbers of doctors were members of both organizations, but that state of affairs was unlikely to last. It was conjectured that a differentiation of function could be defined and that the old society would cater for scientific requirements, leaving the field of medical politics and ethical discipline to the new association. After early friction and personal disagreements, a way of life was found for both groups. Experienced and senior men

kept up a close liaison. Feelers were put out from time to time to tell when the time was ripe for amalgamation; and, in 1907, the fusion took place, but the Medical Society has never lost its identity. It became a legally incorporated body; and its trustees are still responsible for the hall, the important library and the other valuable assets enjoyed by the members of the British Medical Association (Victorian Branch).

There is much more to be told before the world can know what great things have come from these small beginnings; the sequel must await another opportunity and probably another author. There are borrowed words in the title of this narrative. They were used, in 1943, by one to whom we are all greatly indebted—Dr. W. E. L. H. Crowther of Hobart. The immediate context is applicable here and is quoted as a small tribute of respect for the illustrious line of Crowthers:

So I, too, come to an end of my description of this series of happenings of the now long past, when it was possible for a surgeon not only to undertake a very large practice, but even in some measure to guide and direct the fortunes of the community among whom he worked.

#### Appendix I.

##### PRESIDENTS OF THE MEDICAL SOCIETY OF VICTORIA, 1852-1878.

1852. D. E. Wilkie.	1866. W. H. Cutts.
1853. D. E. Wilkie.	1867. T. M. Girdlestone.
1854. R. Eades.	1868. J. E. Neild.
1855. W. M. Turnbull.	1869. S. D. Bird.
1856. A. Collings.	1870. H. Jonasson.
1857. J. B. Motherwell.	1871. G. B. Halford.
1858. D. E. Wilkie.	1872. J. Blair.
1859. E. Barker.	1873. G. H. Fetherston.
1860. R. T. Tracy.	1874. P. H. MacGillivray.
1861. F. T. W. Ford.	1875. T. A. Bowen.
1862. J. Black.	1876. J. Day.
1863. W. Gillbee.	1877. T. L. McMillan.
1864. D. J. Thomas.	1878. G. Graham.
1865. L. J. Martin.	

#### Appendix II.

##### PRESIDENTS, 1879-1906.

##### Medical Society of Victoria.

1879. T. N. Fitzgerald.	1893. C. S. Ryan.
1880. A. S. Gray.	1894. D. A. Gresswell.
1881. J. Robertson.	1895. G. R. W. Adam.
1882. T. Hewlett.	1896. F. D. Bird.
1883. E. M. James.	1897. J. T. Brett.
1884. W. Haig.	1898. R. B. Duncan.
1885. P. Moloney.	1899. T. N. Fitzgerald.
1886. J. Jamieson.	1900. J. W. Barrett.
1887. J. Williams.	1901. C. J. Martin.
1888. J. P. Ryan.	1902. C. P. Ryan.
1889. W. Balls-Headley.	1903. R. H. Russell.
1890. J. Jackson.	1904. G. T. Howard.
1891. E. Hinchcliff.	1905. A. J. Wood.
1892. H. B. Allen.	1906. M. U. O'Sullivan.

##### British Medical Association (Victorian Branch).

1879. W. Gillbee.	1893. D. A. Gresswell.
1880. W. H. Cutts.	1894. F. Meyer.
1881. W. H. Cutts.	1895. W. Snowball.
1882. J. E. Neild.	1896. M. U. O'Sullivan.
1883. G. Graham.	1897. R. A. Stirling.
1884. J. T. Rudall.	1898. R. L. McAdam.
1885. L. Henry.	1899. A. L. Kenny.
1886. J. E. Willmott.	1900. G. A. Syme.
1887. J. E. Willmott.	1901. J. E. Neild.
1888. T. Rowan.	1902. W. Macansh.
1889. J. W. Y. Fishbourne.	1903. D. A. Gresswell.
1890. G. Le Fevre.	1904. R. E. Weigall.
1891. A. Shields.	1905. H. W. Bryant.
1892. J. W. Springthorpe.	1906. G. W. Cusaden.

## Appendix III.

PRESIDENTS, MEDICAL SOCIETY OF VICTORIA AND BRITISH  
MEDICAL ASSOCIATION (VICTORIAN BRANCH).  
1907-1952.

1907. H. B. Allen.	1930. R. G. McPhee.
1908. G. A. Syme.	1931. T. E. V. Hurley.
1909. G. W. Cusack.	1932. E. M. Sutherland.
1910. R. R. Stawell.	1933. W. G. D. Upjohn.
1911. R. H. Fetherston.	1934. Gerald Weigall.
1912. J. F. Wilkinson.	1935. R. M. Downes.
1913. W. R. Boyd.	1936. W. E. Summons.
1914. A. L. Kenny.	1937. R. M. Allan.
1915. A. Honman.	1938. J. P. Major.
1916. A. V. M. Anderson.	1939. F. L. Davies.
1917. R. J. A. Berry.	1940. H. C. Colville.
1918. R. J. A. Berry.	1941. A. E. Coates.
1919. J. R. Webb.	1942. H. Boyd Graham.
1920. G. A. Syme.	1943. John A. Cahill.
1921. B. Kilvington.	1944. David Roseby.
1922. J. Gordon.	1945. John Dale.
1923. L. S. Latham.	1946. Peter MacCallum.
1924. J. W. D. Hooper.	1947. A. E. Coates.
1925. S. S. Argyle.	1948. F. Kingsley Norris.
1926. H. D. Stephens.	1949. Douglas J. Thomas.
1927. R. J. Bull.	1950. Robert Southby.
1928. J. N. Morris.	1951. Roy F. Watson.
1929. B. T. Zwar.	1952. Charles Byrne.

## Reviews.

## BIOCHEMISTRY FOR MEDICAL STUDENTS.

THORPE'S "Biochemistry for Medical Students" has undergone extensive revision in its fifth edition.<sup>1</sup> In particular the chapters on the metabolism of carbohydrates, of fats, and of proteins have been completely recast. Due prominence is now given to the discussion of the tricarboxylic acid cycle in the utilization and interrelations of the main groups of foodstuffs in the body. The free use of schemata has added the clarity of presentation of the complex metabolic cycles involved. The sections concerned with the use of isotopes have been extended where necessary to include some of the results of recent work on intermediary metabolism.

The chapters dealing with nutrition, including energy metabolism, have been modified to include more recent views on recommended dietary allowances. The relation of basal energy requirements to sex and age is more fully discussed, and tables on the vitamin content of common foods have been brought up to date. The sections on mineral metabolism are concerned mainly with calcium compounds. There is no general discussion of ionic balance in the body, although acid base balance is considered in the chapter on respiration.

The book includes a useful list of selected references which will be appreciated by students of a more inquiring turn of mind than the average. This well-known text is on the whole adequate for the purpose for which it has been prepared.

## PATHOLOGY OF THE FŒTUS AND THE NEWBORN.

SELDOM has a book been published that deserves enthusiastic praise as unreservedly as Dr. Potter's treatise on the pathology of the foetus and the newborn.<sup>2</sup> In one realizes that in the half-century since the publication of Ballantyne's "Manual of Antenatal Pathology and Hygiene" no book on this subject has been published in any language, one would welcome practically every new publication of this kind. Dr. Potter's book is, however, by no means just a stop gap. The author's extraordinary knowledge of her subject is evident in every one of the twenty-eight chapters of the book. Its last fourteen deal in a systematic fashion with the special pathology of the various organs of the foetus

<sup>1</sup> "Biochemistry for Medical Students", by William Veale Thorpe, M.A. (Cantab.), Ph.D. (London); Fifth Edition; 1952. London: J. and A. Churchill, Limited. 8½" x 5½", pp. 536, with 41 illustrations. Price: 22s. 6d.

<sup>2</sup> "Pathology of the Foetus and the Newborn", by Edith L. Potter, M.D., Ph.D.; 1952. Chicago: The Year Book Publishers, Incorporated. 10½" x 7½", pp. 592, with 601 illustrations. Price: \$19.00.

and newborn. In the earlier chapters the author traces the development (and its disturbances) of the foetus and the placenta from their earliest stages to maturity. There is a very useful description of post-mortem technique. Excellent chapters deal with such subjects as abortion, prematurity, anoxia, birth trauma and infections. An enormous wealth of experience becomes apparent in the sections on malformations.

The text is clear and concise. It avoids, in general, discussion, which might become lengthy and might land nowhere, on unsolved problems or differences of opinion, but it compensates for this by the soundness of its facts. The illustrations are superb. Amongst the 601 of them, there is not one that is not technically excellent, not one that fails to make its point.

A list of references is appended to each chapter. They are up to date, well chosen mainly from the American, but also from the British, literature. References to papers in a language other than English are few in number. There is a comprehensive index.

The book is certain to fulfil the aims which the author states in her preface. It will help those who attempt to discover the reasons for the non-survival of a foetus and stimulate those who have the opportunity and the material with which to work. It will ultimately help to save the lives of many infants who would otherwise die.

Dr. Potter's book belongs, not on the bookshelf, but on the working desk of every pathologist, obstetrician and paediatrician.

## A TEXT-BOOK OF MEDICINE.

PROBABLY the most difficult form of medical writing today is the composition of a text-book of medicine for the undergraduate reader. The rapidly changing vista of aetiology, laboratory diagnosis and treatment makes the selection of various current concepts most difficult.

The choice of matter in a recent British "Text-Book of Medicine", edited by E. Noble Chamberlain,<sup>1</sup> has been entrusted to a large group of authorities which includes psychiatrists, specialists in tropical medicine, occupational medicine *et cetera*. Whether this now common fashion produces as balanced and as digestible a diet for the growing student is open to some question. One doubts also whether, in the future, it will be possible to retain space in such text-books for the specialist who always finds it hard to reach the student level. It depends on the philosophy and attitude of the teacher towards the object and content of undergraduate teaching. If this is to be conducted by a general practitioner or directed towards the requirements of general practice, more room will have to be found for minor ailments, early diagnosis pointers, and initial steps in treatment. Such conditions as the acute respiratory infections, the exanthemata, myocardial failure and cerebrovascular accidents will have to be given the space now occupied by tryptosomiasis, Wernicke's encephalopathy, hemolytic anemias, and the rest. Dr. Chamberlain, for instance, allowed himself only 80 pages to cover the field of cardiology in a manual of over 900 pages.

Descriptions of disease are brief and terse, and there is no time for an anecdote or example. The reader must therefore concentrate continually on every phrase. In such brief descriptions there is of necessity much left unsaid, especially in the field of recent discovery. There is a tendency in British medical text-books to shelter the undergraduate from the vicissitudes and perils of contemporary research and opinion, and to keep him bottled up but bored in the haven of accepted scientific fact. Thus, for instance, the exciting progress of the last ten years in the amelioration of some forms of congenital heart disease is accorded twelve lines of description, and the mass of hard work and hard thinking which has gone recently into the treatment of hypertension is accorded twenty-five lines. Without considerable help from another source, a student who has mastered this book may not know how to manage a baby with pertussis, a child with laryngeal diphtheria, the complications of mumps, or how to approach the feeding difficulties in a case of tetanus. He would know nothing of current views as to the cause of peptic ulcer, of the psychological aspects of ulcerative colitis, of the special problems

<sup>1</sup> "A Text-Book of Medicine", edited by E. Noble Chamberlain, M.D., M.Sc., F.R.C.P.; 1951. Bristol: John Wright and Sons, Limited. 9½" x 6½", pp. 974, with 266 illustrations, some in colour. Price: 50s.

of staphylococcal septicemia, of the operation of vagotomy, of the therapeutic indications for aureomycin; but he would have heard that viscerotomosis is still an acceptable diagnosis, that faradism is sometimes beneficial in constipation, that cholecystography is always dependable, and that the most the physician can do for peripheral arterial embolism is careful observation.

In a work covering the whole field of medicine, it is not difficult to find points for criticism—much easier now than it was in Osler's day. But let it be therefore said at once that "Chamberlain" is a good medical primer, covering a surprisingly large field, printed on good paper, with an excellent series of coloured plates and illustrations. The reproductions of X-ray films are particularly satisfactory. The sections on blood disease, on the nervous system and on tropical diseases are perhaps the best. Within its province, and for undergraduate purposes, it succeeds very well, and can be commended to those whose responsibility it is to introduce students to the principles and practice of medicine. The illustrations alone make it a worthwhile possession at a surprisingly low price for today.

#### "THE USE OF TRACER ELEMENTS IN BIOLOGY."

A SLENDER paper-covered volume of some fifty pages entitled "The Use of Tracer Elements in Biology" has been written by Dr. W. G. Overend, of Birmingham University.<sup>1</sup> The booklet forms one of the "Scholarship Series in Biology".

In a short introduction the author reviews atomic structure and natural and artificial radioactivity. The uses of stable and radioactive isotopes as tracers are discussed. Active isotopes are followed by Geiger-Müller counting devices, while the chemist is able to use stable isotopes as tracers by altering in his experiments the proportion of isotopes occurring in Nature. The requirements for a satisfactory tracer are defined. The labelled atom must "stick" to the molecule being examined, the presence of the tracer atom must not cause abnormalities of behaviour, the radiation emitted should not have harmful effects on normal tissues, and the half-life should be long enough only to allow of the necessary processing and assaying. The author discusses methods of production, detection and measurement of tracers, and then considers too briefly certain biological conclusions which have emerged from work in which hydrogen, nitrogen, oxygen and phosphorus were used as tracer substances. Some rather complicated chemical formulae illustrate this section. However, the author is on his own ground here and he has compressed a lot of information into a small space, and this chapter is the best in the book. The uses of tracers in medicine are reviewed in five pages.

This book is apparently designed to be informative to the layman, and may serve its purpose in this regard. It is too condensed to be of any value to workers on the subject. The author does succeed in showing that, with the radioactive isotopes, there has commenced a new scientific era. Rich rewards of new knowledge have accrued as a result of recent endeavour. Many complex chemical reactions occurring in biological systems have been unravelled and metabolic processes in general are becoming better understood.

### Notes on Books, Current Journals and New Appliances.

#### "FAMILY DOCTOR."

AN important feature of "Family Doctor", the British Medical Association's popular monthly magazine, is the wide variety of material presented entertainingly and yet sanely. The July issue is well up to standard. From the wet-faced cherub on the front cover to the blissful fifteen-pounder of the back-cover advertisement it is full of interest, with the emphasis on family matters. In addition to the home section and the baby features, which will attract any intelligent mother, there are two articles on Olympic champions, the physiological and psychological aspects of climbing

Mount Everest are discussed by a doctor with first-hand knowledge, a hospital governor describes his experience as a patient in his own hospital, and we have a glimpse of the British Broadcasting Corporation's television methods. Medical subjects referred to include warts, deafness, stammering, "athlete's heart", the spinal cord and first aid for a fractured spine, peptic ulcers and worry. Doctors who will take the trouble to examine this attractive magazine for themselves will soon lose any misgivings they may have about "popular medicine". "Family Doctor" has a healthy outlook and can be recommended for homes and waiting rooms. The yearly subscription is twenty shillings (sterling). The Australian agents are Gordon and Gotch (Australia), Limited.

### Books Received.

[The mention of a book in this column does not imply that no review will appear in a subsequent issue.]

"The Biology of Mental Health and Disease: The Twenty-Seventh Annual Conference of the Milbank Memorial Fund", with 108 contributors and a foreword by Stanley Cobb, M.D.; 1952. New York: Paul B. Hoeber, Incorporated. 9½" x 6½", pp. 680, with 213 illustrations. Price: \$10.00.

The book is in 38 chapters.

"Pharmacology, Materia Medica and Therapeutics", by Birendra Nath Ghosh, F.R.F.P.S. (Glas.), F.R.S. (Edin.); Nineteenth Edition; 1952. Calcutta: Hilton and Company and Scientific Publishing Company. 9" x 5½", pp. 875, with 43 illustrations. Price: 30s.

The first edition appeared in 1901; the eighteenth in 1949.

"Principles of Human Physiology", by Charles Lovatt Evans, D.Sc., F.R.C.P., F.R.S., LL.D. (Birmingham), with chapters on the special senses by H. Hartridge, M.A., M.D., Sc.D., F.R.S.; Eleventh Edition; 1952. London: J. and A. Churchill, Limited. 10" x 6½", pp. 1222, with 709 illustrations, some in colour. Price: 52s. 6d.

The book first appeared in 1912; the tenth edition in 1949.

"The Premature Baby", by V. Mary Crosse, O.B.E., M.D. (London), D.P.H., M.M.S.A., D.Obst.R.C.O.G.; Third Edition; 1952. London: J. and A. Churchill, Limited. 8½" x 6", pp. 190, with 18 illustrations. Price: 16s.

The book in this edition has been revised throughout; the second edition appeared in 1949.

"Functional Neuro-Anatomy: Including an Atlas of the Brain Stem", by A. R. Buchanan, M.D.; Second Edition; 1951. Philadelphia: Lea and Febiger; Sydney: Angus and Robertson, Limited. 10½" x 7½", pp. 324, with 273 illustrations, 19 in colour. Price: 80s. 9d.

Designed to present the subjects of neuroanatomy and neurophysiology in a simple and direct manner.

"Modern Electrocardiography: The P-Q-R-S-T-U Complex", by Eugene Lepeschkin, M.D., with a foreword by Frank N. Wilson, M.D.; Volume I; 1951. Baltimore: The Williams and Wilkins Company. Sydney: Angus and Robertson, Limited. 10" x 7½", pp. 612, with 91 illustrations. Price: £6 9s.

The purpose of the book is "to give a comprehensive but concise summary of the progress of electrocardiography since 1933."

"Posture and Pain", by Henry O. Kendall, Florence P. Kendall and Dorothy A. Boynton; 1952. Baltimore: The Williams and Wilkins Company. Sydney: Angus and Robertson, Limited. 11½" x 9", pp. 212, with 159 illustrations. Price: 75s. 3d.

The "basic thesis" of the book is "the importance of postural faults in disabling and painful conditions".

"Cardiac Emergencies and Heart Failure: Prevention and Treatment", by Arthur M. Master, M.D., Marvin Moser, M.D., and Harry L. Jaffe, M.D.; 1952. Philadelphia: Lea and Febiger. Sydney: Angus and Robertson, Limited. 8" x 5½", pp. 160, with 13 illustrations. Price: 32s. 3d.

Intended to be of help to the general practitioner in the diagnosis and treatment of cardiac emergencies.

<sup>1</sup> "The Use of Tracer Elements in Biology", by W. G. Overend, Ph.D.; 1951. London: William Heinemann (Medical Books), Limited. 7½" x 5", pp. 62. Price: 3s. 6d.

# The Medical Journal of Australia

SATURDAY, AUGUST 16, 1952.

All articles submitted for publication in this journal should be typed with double or treble spacing. Carbon copies should not be sent. Authors are requested to avoid the use of abbreviations and not to underline either words or phrases.

References to articles and books should be carefully checked. In a reference the following information should be given without abbreviation: surname of author, initials of author, year, full title of article, name of journal without abbreviation, volume, number of first page of the article. If a reference is made to an abstract of a paper, the name of the original journal, together with that of the journal in which the abstract has appeared, should be given with full date in each instance.

Authors who are not accustomed to preparing drawings or photographic prints for reproduction are invited to seek the advice of the Editor.

## THE MEDICAL SOCIETY OF VICTORIA.

THE forthcoming session of the Australasian Medical Congress (British Medical Association) has a dual purpose—it is the eighth session in the series which began at Melbourne in 1923, and it marks the centenary of the Medical Society of Victoria. About twelve months ago it was suggested to the Victorian Branch of the British Medical Association that it would be appropriate to publish at this time a history of the Medical Society of Victoria. The suggestion was accepted and Dr. H. Boyd Graham was asked to compile a history. That history is published in this issue. Dr. Graham has clearly carried out a good deal of research and has placed the whole profession and particularly members of the Victorian Branch under a great debt of gratitude to him. In offering him our own thanks we would express the hope that what he has written may induce some members of the profession, even at this late stage, to enroll as members of Congress. A centenary is always a matter for congratulation, and when we read of the perilous times which the Medical Society had to encompass in its adolescence and of the faith shown by some of the men named by Dr. Graham we can offer to Victoria the warm hand of congratulation and join in the common rejoicing in Melbourne at the end of August.

## SLEEP.

THE rhythm of sleep and wakefulness is obviously determined by the rotation of the earth. With the great majority of us sleep is sought during the hours of night whilst daytime is devoted to the activities which are directed by consciousness. A similar and really allied periodicity is found in body temperature which reaches a minimum in the small hours of the morning and rises abruptly on waking, dressing and breakfasting, attaining a maximum in the evening and displaying a range of approximately 1° C. When an Australian from one of the eastern States travels to Europe by the Cape he experiences

a progressive shortening of the twenty-four-hour cycle, so that off Senegal there is an almost complete reversal of day and night, noon becoming midnight and the early afternoon of his home changing to the early hours of the morning. Yet it has been found by more than one investigator that body temperature follows ship's time, the minimum being in the early morning hours. So far no one has complained of a retention or hysteresis of the periodicity of the home. It is obvious that wakefulness is determined by light, noise, meals, the general activities of mind and body and the state of the environment. There is some evidence that those whose temperature cycle shows reversal with greatest ease and completeness are best qualified to undertake night duties. With the overwhelming majority of human beings the small hours of the morning display deepest sleep as well as lowest temperature. The "wee short hour ayont the twal" described by Burns finds vitality at its lowest ebb. Goldsmith in his essay "City Night Piece" writes of 2 a.m., "the laborious and the happy are at rest and nothing wakes but meditation, gullt, revelry and despair". Napoleon remarked that "two o'clock in the morning courage is rare".

An anthology of sleep in world literature would be a bulky volume. In the "Oxford Dictionary of Quotations" the word sleep, excluding derivative and verbal forms, is represented by 143 references and many of the expressions cited are used in every-day speech. These quotations are from English literature alone, but other modern languages as also classical are equally rich in description of, and apostrophe to, the restoring and refreshing action of slumber. Greek and Latin authors and modern writers like Shelley have drawn attention to an alleged affinity between sleep and death, an affinity which is not apparent to the biologist. Though the topic occupies a prominent place in literature, it is curious how little attention is paid to the nature of sleep in physiological writings. One reason for this is that the procedures designed to investigate the problem are most effectual in keeping the subject of the experiment very much awake. However, in recent years gentler methods have been devised and the literature of the physiology of sleep is growing apace. Last year the Wilde Memorial Lecture under the auspices of the Manchester Literary and Philosophical Society was given by Professor E. D. Adrian, O.M., President of the Royal Society, and the title of the address was simply "Sleep". The paucity of our knowledge is brought out clearly. "No one has yet succeeded in finding convincing evidence of the accumulation of a sleep-producing substance or state in the body as the day goes on, or of the using up of a substance or state essential to keeping awake." There may be some enzyme or ionic balance which is reduced during activity and needs sleep for restoration, but even this is hypothetical. The feature of sleep which appeals most to the physiologist and psychologist is the loss of consciousness, though certain parts of the brain stem continue to be active. The aphorism that the *medulla oblongata* never sleeps is about three-quarters of a century old. Respiratory and circulatory adjustments keep active, also some digestive regulation persists though the higher portions of the brain stem are considerably dulled. A few muscular reflexes are also manifested more particularly when slumber is not deep; thus the body can escape from an uncomfortable position by involuntary shifting of position

and it is precisely the absence of this reflex in paraplegia which is one of the main causes of bed sores. Some American investigators have recorded mechanically these occasional wriggling movements, though one would like to know more about the external conditions and the personality of the subject of the research. Professor Adrian places considerable emphasis on the information supplied by the electroencephalogram. He points out that though the cells of the cerebral cortex are capable of spontaneous discharge of impulses, they require "a constant prodding from the central brain stem at the base of the cerebrum", if they are to remain at normal waking level. Sensory signals can awaken both by stimulating the cortex directly as well as indirectly by way of the basal centres. Cortical changes occur some four to nine minutes later than those in the deeper regions. When the eyes are closed as the first act in ordinary sleep the electroencephalogram shows a regular rhythm of ten a second, called the  $\alpha$  rhythm; when sleep ensues this disappears and other waves become evident, small rapid trains called spindles, later large slow waves at two or three a second appear irregularly with long gaps between. "In very deep sleep there is nothing but an occasional slow wave." Now the interesting thing is that in the process of waking up the first indication of the cortex coming into activity is the reappearance of the  $\alpha$  rhythm; but when full consciousness has been restored this  $\alpha$  rhythm vanishes and the cerebral hemispheres obtain their guidance from sensory, especially visual, stimuli and from the awakened activity of the basal ganglia. It is this transition period in which the rhythm becomes apparent which is particularly intriguing to the physiologist, psychologist and anaesthetist. An enormous field of research lies open here to the investigator. Amongst the topics awaiting inquiry are what is happening in dreams and where, also the effect of sleep on memory, for everyone knows that anything memorized in the evening and afterwards "slept on" has a firmer and more lasting place in recollection. In the making of gramophone records a change from the receptive to the hardened disk is necessary and something like this "processing" occurs in sleep. Other parts of the body than the brain are involved in slumber; the loss of tone in muscles has been long recognized. Though digestive processes continue, there is considerable damping, especially of colonic movement. The costal breathing of the adult human male, resembling the feminine type, may be regarded as a discontinuance, or at least a reduction, of diaphragmatic massage of the bowel which is so obvious in waking life. There is some evidence also that liver metabolism undergoes some alteration in the sleeping.

All these and many other problems await further research with, no doubt, new and unexpected methods of scientific attack. As Professor Adrian has indicated, we may expect most interesting information from the electroencephalogram concerning the site of consciousness. We have gone far from the attitude of Descartes who looked upon the pineal gland as the possible seat of the soul, but opinion is divided at the present time amongst physiological psychologists. Some hold that the cerebrum is alone concerned and quote Sherrington, who suggested that the main bridge between right and left hemispheres is synchronism in action. Others claim that consciousness is an epiphenomenon based on the activity of the brain as

a whole, leaving out those primitive reflexes in the lower levels of the brain stem which are necessary for the continuance of physical life. The aim of the anaesthetist is to induce loss of consciousness with a minimum disturbance of these lower level reflexes, and needless to say he is deeply interested in the problem. Methods of electroencephalography are now being applied to the investigation of the sleep produced by anaesthetic agents and some arresting data are certain to be revealed. The chapter on sleep formerly omitted from physiological text-books will assuredly take its place soon amongst the major departments into which the science has been classified.

## Current Comment.

### THE STRUCTURE OF BONE.

A GREAT deal of work has been done on bone at the microscopic level by many investigators. The X rays and polarized light have also been used extensively. These methods have given much information, but they do not allow one actually to see the inorganic bone crystals, or to visualize directly the relation of these crystals to one another, to the cement substance, and to the scleroprotein fibres. Robert A. Robinson<sup>1</sup> has made a thorough electron microscopic study of bone and the various relationships have become clearer.

Bone is divided into two major parts: the organic and the inorganic. The organic part can be divided into three parts: (a) the cells; (b) the crystalline component or scleroprotein fibres, that is, collagen which contains amino acids, sulphates and phosphates; (c) the cement substance which is apparently composed of hexoses in a mucopolysaccharide form, and hexoses in various degrees of combination with protein as glycoprotein. A large part of the body magnesium, 90% of the body citrate, 80% of the body carbonate and sodium, some calcium and phosphorus are contained in the last-mentioned component in non-crystalline, partly diffusible state. Nearly all the water is in the organic part. The inorganic part of bone has two components: (a) the crystalline, which is composed of hydroxyapatite crystals; (b) the non-crystalline sodium, magnesium, calcium, phosphate, with trace quantities of other elements, which lie mostly in the cement substance about the crystals of hydroxyapatite. There is close combination of carbonate with the surface of the hydroxyapatite crystals. Very flexible bone contains more organic and less inorganic material per cubic centimetre than the inflexible cortex of mature long bone; the electron microscope shows a looser packing of inorganic crystals, and crystal encrusted collagen fibres are more easily seen than in mature bone. The cement substance, which is characteristic for bone, is responsible for the calcification of bone. For its development and particularly for the formation of collagen fibres through it ascorbic acid and phosphate are essential. Calcification does not occur in bone matrix until the collagen fibres have appeared. It is in the cement substance adjacent to the collagen fibres that hydroxyapatite crystals first appear. The cement substance, just prior to calcification, stains differently with metachromatic dyes in this region. Electron micrographs show coorientation between collagen fibres and hydroxyapatite crystals in early calcification. In developing bone the processes follow in such rapid succession that it is difficult to separate them—osteoblasts produce primitive matrix which matures to cement substance, collagen fibres appear in the matrix, hydroxyapatite crystals form round the collagen fibre and solidify the bone. In diseases the development may be halted at various stages. For instance, scurvy not only stops the formation of primitive matrix, but also stops the collagen fibre production in already formed matrix. In rickets the matrix and collagen fibres are formed, but calcification does not proceed.

<sup>1</sup> *The Journal of Bone and Joint Surgery*, April, 1952.

The arrangement of atoms in the inorganic bone crystals is shown by X-ray diffraction studies to be that of hydroxyapatite and no other calcium phosphorus compound. The crystals are very small and this has limited X-ray diffraction studies. They can, however, be seen by the use of the electron microscope. The composition of bone, enamel and dentine crystals has been shown to be the same. However, the crystals appear in tabular form in bone, and in ribbon form, probably long flattened hexagonal prisms, in enamel.

The bone crystals can adsorb a great number of ions, for example, carbonate, citrate, sodium, magnesium and phosphate ions, to their periphery. There can be some interchange of compatible ions within the crystal. However, even in fluorine poisoning, the atomic pattern is that of hydroxyapatite, so the percentage substitution of fluorine is very small. Changes in inorganic composition of bone in various conditions are in parts of the bone other than the hydroxyapatite crystals. The crystals are about  $10^{-7}$  centimetre in length and tabular or book-shaped, and have a surface area of about 80 to 100 square metres per gramme. With this enormous surface within the bones exposed to circulating fluids bone cannot be considered a stable system in which the inorganic phase is inert. As tissue fluids can exchange calcium with bone crystals over literally acres of surface it is not surprising that the calcium component of blood plasma varies only slightly.

#### TRIETHYLENE MELAMINE IN NEOPLASTIC DISEASE.

THE use of nitrogen mustard in certain neoplastic states has attracted some attention of recent years, and has been referred to in these columns more than once. Triethylene melamine is one of the latest of similarly acting drugs, and, while its experimental use introduces no new principle, its ease of administration and less troublesome features give hope that at least it may help to prolong life in patients suffering from certain neoplastic disorders. R. Wayne Rundles and W. Bruce Barton report on trials of this substance in patients with malignant lymphomata, leukaemia and similar disease groups, and have collected a series of 134 from which they draw encouraging conclusions.<sup>1</sup> They point out, as others have done, that nitrogen mustard affects certain enzyme systems, causing distortion of cell function and death of cells of types such as are found in proliferative conditions of the lymphoid tissues. Triethylene melamine acts in similar fashion, and is also to some extent selective in its action on neoplastic tissues: The lethal effect on such cells is believed to be similar to that exerted by ionizing radiation, but there is one important clinical difference, that radiation is more effective in focal lesions because more safely and easily applied to them, whereas the action of the nitrogen mustard group of chemical agents can be diffused over the whole body. The widespread anatomical distribution of the cellular systems which it is desired to attack makes no difference to such agents, provided they have the power of exerting the necessary biological influence. On the other hand, radiation has a more prolonged effect than the nitrogen mustards, which act quickly, but soon fade away, and to some extent lose their power. Of course ionizing radiation also becomes less effective in proportion as the affected tissues acquire the property of resistance. This quick action of nitrogen mustard has one advantage, that it is less prone to cause depression of the bone marrow, which may, as we know well, have dangerous effects on haemopoiesis. Ethylene melamine has one great advantage, that it may be administered by mouth, and further, it does not display the toxicity of nitrogen mustard, saving the patient the discomfort of nausea and vomiting, and, incidentally, the annoyance of venous thrombosis at the injection site.

The authors' report covers a number of conditions, including Hodgkin's disease, several types of lymphoma, and leukaemia of both lymphatic and granulocytic

varieties. In addition, observations were also made on neoplasms of other kinds, but the numbers are not large enough for the formation of definite opinions. The patients were observed over a period of eighteen months, which is long enough to allow some judgement on the capacity of the drug to ameliorate clinical signs and symptoms, and its short-range toxicity. The authors conclude that ethylene melamine is an advance on other preparations used for this purpose. It is of particular interest that it gives encouraging results in Hodgkin's disease, and also chronic lymphocytic leukaemia. The effects of treatment, as one might expect, are more striking when it is directed against a particular episode, particularly of infiltrative type. For this reason, the combination of radiation and chemotherapy has been found to yield results. Though the effective dose varies from patient to patient, it appears to be without great risk, and this characteristic may be remembered with profit in planning maintenance courses, as also should the brief period over which a single dose is active. Rundles and Barton found that most patients continued to show clinical evidence of their malady, even when the effective dose of 15 to 25 milligrammes was given over a period of one to three weeks; and they realized the advantage of continuation of dosage at a lower level, sometimes as low as 1.0 to 2.5 milligrammes per week. They point out that the drug is only relatively of low toxicity, but about one patient in ten showed some depression of bone marrow activity even with a dose of 8.0 to 12.0 milligrammes. Needless to say constant haematological control is advised. The future of chemotherapy is still worth watching in neoplastic disease, though no one can predict whither fundamental research may lead us. However, the use of chemical agents of this group has given some patients an apparently lengthened span of survival, and increased their comfort. Ethylene melamine is obviously no panacea, but it appears to be a technical improvement.

#### THE GASTRO-CARDIAC SYNDROME.

THE frequent occurrence of cardiac symptoms in patients suffering from gastro-intestinal disorders has given rise to the recognition of the gastro-cardiac symptom complex. Mechanical factors such as elevation of the left dome of the diaphragm resulting from accumulation of gas in the stomach or large intestine have been considered as the main cause of the symptoms. Otto Jervell and Olav Ljørden<sup>1</sup> have discussed the justification for considering that such a syndrome exists and its possible causation.

The accumulation of gas in the intestine has been considered as mainly due to fermentation of intestinal contents. However, several observers have noted that intestinal gas largely originates from air swallowed. In aerophagia the upper oesophageal sphincter is relaxed and considerable quantities of air may enter the stomach and quickly pass through the intestines. Nervous individuals show this and they also are prone to show cardiac symptoms. Possibly most patients showing the gastro-cardiac syndrome are of this type, but cardiac symptoms may be associated with a variety of abdominal disturbances. A factor of major importance for the development of the symptoms is the presence of a nervous predisposition. Not all patients with indigestion show cardiac symptoms. The symptoms may be of highly different nature, for example, palpitation, extrasystole, paroxysmal tachycardia, anginoid pains *et cetera*. The nature of the symptoms probably depends on whether the subject is especially sympathicotonic or vagotonic. The predisposing factor must be in the heart itself, the abdominal effect is provocative. A tight belt on a somewhat distended abdomen can bring on an attack of *angina pectoris*.

Vagotonic features are relatively common in patients with indigestion with bradycardia, prolongation of the P-R interval and increased amplitude of the T wave. The term gastro-cardiac syndrome is hardly appropriate.

<sup>1</sup> *Acta medica Scandinavica*, 1952, Supplement 266 to Volume CXLII.

<sup>1</sup> *Blood*, May, 1952.

## Abstracts from Medical Literature.

### PÆDIATRICS.

#### Gamma-Globulin Studies in Tuberculosis.

B. M. LEVIN, H. KAUFMAN AND J. DE LA HUERGA (*American Journal of Diseases of Children*, January, 1952) report a study of  $\gamma$ -globulin levels in children with various forms of tuberculosis. They state that  $\gamma$ -globulin is the globulin fraction of the serum proteins associated with the antibodies for most diseases. There is a rise in the level of  $\gamma$ -globulin in many diseases, including neoplastic and liver diseases, and it is thought to be a product of the reticulo-endothelial system and to result from stimulation of this system. In cases of tuberculosis, elevated levels were found early in the disease. No difference was found between patients with pulmonary tuberculosis who had been treated with streptomycin and those who had not. Increasing levels of  $\gamma$ -globulin were found regularly with increasing age. In cases of uncomplicated primary pulmonary tuberculosis and of tuberculosis with effusion, big elevations of  $\gamma$ -globulin were reached at about the sixth week with return to normal values by about the twentieth week. This paralleled the course of the sedimentation rate, but the latter rose a little earlier and returned to normal earlier. In cases of reinfection tuberculosis the high levels of  $\gamma$ -globulin were maintained for longer periods, probably because these cases remain active longer. In cases of tuberculous adenitis the highest single level was found in the whole series, and the levels were maintained for the longest periods. This agrees with the suggestion that  $\gamma$ -globulin is a product of the reticulo-endothelial system. In cases of bone tuberculosis the levels were lowest of all. Miliary tuberculosis without meningitis showed very high levels of  $\gamma$ -globulin. The onset of meningitis in miliary cases tended to be preceded by a fall in  $\gamma$ -globulin level just before the onset of the meningitis, suggesting a breakdown in antibody resistance. At the same time the sedimentation rate continued to rise. Such dissociation of  $\gamma$ -globulin levels and sedimentation rate in cases of miliary tuberculosis may be of grave import.

#### Myositis Ossificans Progressiva.

H. D. RILEY AND A. CHRISTIE (*Pediatrics*, December, 1951) describe the condition of *myositis ossificans progressiva* and report four new cases. This is a rare, chronic, progressive disease, which usually starts in infancy and early childhood. The onset is slow, and the disease may not be diagnosed till it has existed for years. The first symptom is a local, firm, doughy swelling, usually painful, in the back of the neck or some other part of the muscular system. The muscle or muscles involved are swollen and indurated. The overlying subcutaneous tissue is oedematous. The skin is normal or slightly reddened. There is slight fever. The swelling decreases in a few days, but the muscle remains

firm and indurated. After quiescent periods of a few weeks or months, there are recurring attacks. Gradually this initial stage of inflammatory swelling passes, and the stages occur of gradual compression of muscle fibres by connective tissue and of calcification of this connective tissue. These stages are painless except for occasional spontaneous nocturnal pains. The neck and back muscles are usually involved first, but sometimes it is the shoulders or limbs. This gradual ossification of muscle connective tissue leads to rigidity, fixed positions and eventually practically complete immobility of the whole body. There is a tendency for contraction of a muscle to occur with calcification, and so such fixed deformities as flexion of limbs and neck and scoliosis are almost certain to occur. The muscles are hard. Sometimes isolated muscles may be involved and be felt as movable bony plaques. The muscles of the eye, of facial expression, of deglutition, and of the tongue, diaphragm, heart, perineum, genitalia and sphincters are spared. The final stage of latent quiescence may last for years until some intercurrent disease or inanition causes death. In many cases shortening occurs of the great toe and thumb, and sometimes of the fifth finger. Other congenital anomalies may be present. Many forms of treatment have been tried without benefit. Protection from cold and trauma may delay the progress of the disease. The authors tried cortisone for two patients, both with well-developed disease. In one there was striking improvement, in the other none.

#### Ascorbic Acid as a Chemotherapeutic Agent.

W. J. McCORMICK (*Archives of Pediatrics*, April, 1952) states that ascorbic acid has impressive chemotherapeutic properties against a wide range of organisms. The doses given are of the order of 500 to 1000 milligrammes four-hourly. It is generally agreed that ascorbic acid has a valuable effect in maintaining the health of connective tissue and plays an essential part in the oxidation-reduction system of tissue respiration. These reactions are of importance in resisting infection and promoting healing, but vitamin C is considered to have an antibacterial effect beyond these tissue responses.

#### Masturbation in Infants.

HARRY BAKWIN (*The Journal of Pediatrics*, May, 1952) discusses masturbation in infants. He describes the common actions of the infant, the rubbing together of thighs, rocking against a pillow or mattress or genital manipulation, the accompanying flushing, excitement, intentness and resentment of interruption, the climax in what appears to be an orgasm, and the ensuing relaxation, exhaustion or sleep. He states that there is no evidence that this is an expression of a neuropathic constitution or mental deficiency. The habit commences in infancy, sometimes very early infancy, and spontaneously ceases at varying ages during childhood. Treatment should consist of an explanation to the parents of the harmlessness of the habit, and advice on the avoidance of coercion, scolding, or punishment which tends to prolong the habit and clothe it with unnecessary emotional stresses. Local irritation of

the genitals should be corrected, and diversion provided in the form of coloured toys, beads, rattles and more frequent picking up. Lightly tying the legs apart may help with the young infant. If the habit is largely diurnal, benzedrine, one milligramme given each morning, or if it is nocturnal, phenobarbital, may help.

#### Congenital Biliary Atresia.

W. W. WHITTEN AND G. C. ADIE (*The Journal of Pediatrics*, May, 1952) discuss congenital stenosis of the bile tracts. They report three cases, two occurring in one family, and discuss several other examples of familial incidence from the literature. They describe the embryology of the liver and biliary system, and the various anomalies that have been found. They state that in a number of cases these have been associated with congenital defects of other organs. Jaundice may be present at birth, but is commonly not obvious for some days. It then steadily increases, though sometimes with fluctuations. Late in the course of the disease it changes from yellow to green owing to the presence of biliverdin, the oxidation product of bilirubin. The liver is usually normal to palpation at birth, but becomes enlarged, hard and cirrhotic. Late ascites and dilatation of superficial veins may occur. The urine contains bile. The stools may be normal meconium at first, but are then very pale, the outer surface later becoming tinged yellow from bile excreted by the bowel wall. The only remarkable finding in the blood is a low prothrombin level because of deficient vitamin K absorption. Late in the disease spontaneous bleeding may occur. Nutrition remains good for a long time, but poor absorption of fats and fat-soluble vitamins may result in poor nutrition and rickets after some months. The stools contain a high proportion of split fats. As cirrhosis progresses glycogen storage and liberation are impaired, and hypoglycemia may result. The authors discuss the differential diagnosis from physiological jaundice, erythroblastosis, sepsis, congenital syphilis, blockage of the biliary tract by inspissated bile and congenital acholuric jaundice. They report three cases, in one of which the child died; in one there was atresia of the common duct and in one very pronounced marked narrowing of it, but in both it was possible to provide satisfactory bile flow by cholecyst-duodenostomy.

#### Gangrene of the Extremities in the Newborn.

W. E. ASKUE AND RUTH WONG (*The Journal of Pediatrics*, May, 1952) describe two cases of gangrene of an extremity in newborn infants. They review the literature on this rare condition. A number of possible causes are suggested, the most likely being birth trauma and embol from thrombotic closure of the *ductus arteriosus* and from thrombosis of the umbilical arteries. The importance is emphasized of early recognition and treatment by anticoagulants, vasodilating measures, prevention of sepsis, and protection of the part. Amputation should be deferred until it is quite certain that recovery cannot take place, for the power of tissue recovery in the infant is good, and a number of instances of

apparently irreversible gangrene have terminated in normal or functionally useful limbs.

#### Facial Asymmetry in the Newborn Infant.

ELENA BODER (*The Journal of Pediatrics*, May, 1952) reports a study of the incidence of facial asymmetry in the newborn. She found it much more common in babies with cranio-tabes, demonstrated by palpable softness of the skull, and in the infants of primiparae. She states that these observations suggest that osteoporosis of facial bones coupled with position pressure *in utero* produces the deformity, and puts forward the idea that the administration of vitamin D during pregnancy may prevent such asymmetry.

### ORTHOPÆDIC SURGERY.

#### Streptomycin Therapy and Skeletal Tuberculosis.

EDWARD L. COMPERE *et alii* (*The Journal of Bone and Joint Surgery*, April, 1952) have observed over a fifteen-month period 90 patients with skeletal tuberculosis, 40 of whom were treated without streptomycin and 50 of whom were given at least one course of streptomycin in a daily intramuscular dose of 20 milligrammes per kilogram of body weight for ninety-one days. The authors believe that the small numbers in the control and streptomycin groups limit the conclusions which may be drawn from the findings. They state that on the basis of X-ray evidence alone, the condition of the control and streptomycin groups was essentially the same; more than four-fifths of the patients in each group showed improvement radiographically at the end of fifteen months. On the basis of the patient's condition as judged by X-ray and clinical data combined, there was a definite superiority among the streptomycin-treated patients. At fifteen months only 72% of the control group evidenced improvement, whereas improvement was noted for 79% of the streptomycin group as early as three months and for 89% of this group at fifteen months. The action of streptomycin appears to produce a generalized effect upon the well-being of the patient with skeletal tuberculosis and upon the secondary manifestations of the tuberculous process as illustrated by cessation of sinus drainage, reduction in the sedimentation rate, return towards a normal hemoglobin level and evidence of greater improvement in functional ability.

#### The Late Results of Arthrodesis of the Foot.

A. J. DREW (*The Journal of Bone and Joint Surgery*, November, 1951) has traced and reexamined 27 of 80 patients on whom tarsal arthrodesis had been undertaken between the years 1928 and 1939; four patients had bilateral operations, so that there was a total of 31 operations for analysis. The diagnosis was anterior poliomyelitis in 17 cases and congenital talipes equinovarus in six, and there was one case each of peroneal muscular atrophy, paraplegia, disseminated sclerosis and spasmodic

*pes valgus*. The operations performed fell into three groups: the triple arthrodesis of the subtalar and mid-tarsal joints, Dunn's or Hoke's modification or Lambinudi's modification for drop foot. In eight cases the patients complained of pain, but in seven it was only slight. The average age at operation of those with persistent pain was twenty-six years, whereas that of all those who were relieved of pain was seventeen years. Two of the five patients with poor radiographic evidence of bony union complained of persistent pain. All of the feet were stable, and in 19 instances the foot was plantargrade. The author states that it was interesting to see how the arthrodesis had thrown extra work on both the proximal and distal joints. In most cases there was limitation of movement of the ankle joint, and in ten the radiographs showed osteoarthritis, though this was usually painless. The author points out that if the foot is not perfectly plantargrade after the operation and the ball of the foot is not able to take a proper share of the weight, the pad of the big toe does so instead and *hallux rigidus* develops. He considers that the development of osteoarthritic changes in the ankle joint appears to have no relationship to the position of the foot, the age at which the operation was done, or the soundness of bony union. But the ten patients with radiographic evidence of arthritis were either very active people on their feet all day or somewhat older than the rest of the group. On the other hand there were equally active people with apparently normal ankle joints.

#### Tuberculosis of the Spine.

J. DOBSON (*The Journal of Bone and Joint Surgery*, November, 1951) has analysed 914 cases of tuberculosis of the spine and the late results ascertained three or more years after the patient's discharge from hospital. Cervical disease was present in 3.5% of cases, thoracic in 43.1%, lumbar in 32.9%, thoraco-lumbar in 16.7% and lumbo-sacral in 3.8%. The mortality rate was 18.7%. Of patients with multiple lesions 25.5% died, compared with 12.3% in the group without complications. When chronic secondarily infected abscesses and sinuses were present the mortality rate was 19.1%, and of patients with paraplegia 24.8% died. In the late results the working capacity of 390 patients was ascertained. It was full in 86%, partial in 5.8% and nil in 8.2%. The author states that an attempt has been made to determine the site of primary bone focus from the radiograph. Early "epiphyseal" changes were present in 33%; the central focus beginning in the spongy tissue of a vertebral body was present in 11.6%; subperiosteal lesions were present in 2.1%; infection of the neural arch was present in only 0.5%. In 52.8%, however, widespread destruction had taken place when the patient first came under observation. The ill effect of complications upon the prognosis is stressed, especially in cases of multiple foci of active tuberculosis, secondarily infected abscesses and sinuses, and paraplegia. Paraplegia occurred in 31.2% of the cases of thoracic disease. The author states that an attempt has been made to determine the frequency with which

tuberculosis of the spine heals by spontaneous bony fusion of the affected vertebral bodies. It was found in 27.3% of the cases in the present series. Reasons are examined for further treatment after the initial discharge of the patient from hospital.

#### A Dangerous Type of Fracture of the Foot.

WILLIAM GISSANE (*The Journal of Bone and Joint Surgery*, November, 1951) states that the Lisfranc fracture-dislocation of the foot will always be associated with some degree of arterial damage; the gross tearing of soft tissues between the first and second metatarsals, shown by the characteristic wide separation between these bones, must mean damage or division of the terminal part of the *dorsalis pedis* artery as it joins the plantar arterial arch. When the arterial damage is confined to this site the life of the foot is not in jeopardy. There are, however, further degrees of displacement of this fracture in which associated arterial injury may be great, and in addition to the division of the *dorsalis pedis* artery, the posterior tibial at the ankle or the main lateral vessel, or both, may be injured. Three Lisfranc fractures with very gross displacement have been treated by recognized conservative methods for the treatment of grossly swollen limbs—that is, elevation, bed rest, cold packs and back splints—and each has ended in a below-knee amputation. The last foot so treated was subjected to detailed dissection. At the examination of the dissected foot it was found that lateral rotation or pronation of the forefoot increased the bone and soft tissue displacements and obviously placed a heavy torsion strain on the lateral plantar vessel; and that medial rotation or supination of the forefoot corrected the bone and soft tissue displacement and released torsion on the main vessels. Evidence that damage to vessels can extend at least as high as the posterior tibial artery at the ankle was demonstrated in a patient submitted to decompression of his foot on the fourth day after injury. At the operation the posterior tibial artery was exposed behind the medial malleolus and found to be in spasm, which was unrelieved by the evacuation of a large hematoma from the dorsum and sole of the foot and by local treatment of the vessel. In this patient the *dorsalis pedis* artery had also been divided at the first metatarsal space, and the combination of these arterial injuries resulted in the death of the foot. The author advocates operative exploration of the dorsal aspect of the base of the first metatarsal space and the plantar aspect of the foot by a medial incision. Through this approach blood clot is evacuated and any bleeding vessels are tied. Fractures are replaced and a screw is used to fix the first to the second metatarsal. So far the author has not had an opportunity of operating in a case with severe and dangerous displacement, but in an attempt to reconstruct the soft tissue and bone displacement and so regain a better functional foot in the lesser degrees of displacement, two patients have been subjected to the emergency open reduction planned for use in the major displacements. In these cases the results have been excellent.

## Special Articles for the Clinician.

(CONTRIBUTED BY REQUEST.)

### XXXIII.

#### DELIRIUM TREMENS.

DELIRIUM TREMENS is an acute delirious state, a complication of heavy drinking. The term *delirium tremens* suggests the muscular tremors and hallucinations which are the main clinical characteristics of the disease.

It occurs mostly amongst those who consume large quantities of alcohol over a comparatively short period of time. Thus it is common after a drinking bout during which the patient drinks day and night for weeks. But it also occurs amongst heavy drinkers who give up alcohol suddenly, or who develop intercurrent affections, or who, for any reason, are confined to bed for days.

The delirium of the alcoholic who has a severe fever, or any other form of toxæmia, is an example of how two toxins, acting simultaneously, can cause a delirium, whereas it is probable that one of them acting alone may not have done so.

Prodromal symptoms may exist for months or years before the attack begins. Heavy drinkers tend to become mentally and physically tired, and to rely on alcohol as a "pick-me-up". In time, tremors of the hands appear. These are mostly in evidence in the mornings, and are best shown in their handwriting, and especially by their inability to give their usual signature. They disappear after one or two drinks. Morning vomiting is the rule.

Early in the drinking careers of many, mental depression and anxiety symptoms appear. The patients become acutely afraid of some impending harm. Most of them show their fears by their inability to cross a road until it is practically clear of traffic.

Insomnia is the rule. They may go to sleep normally, but wake up with a start, fatigued and anxious, after an hour or so. Some complain that on closing their eyes they have visions of things distorted, of horrible leering faces, of fantastic figures of human beings and animals. When their eyes are open, they see black specks floating before them continually. Meals are neglected, and soon vitamin deficiencies appear.

The mental fatigue continues. They feel exhausted mentally after an hour or more's mental effort, and must work harder to keep up even with routine work. This in time increases the mental fatigue, and a true vicious circle is set up.

About this period most of them show a dry skin, an enlarged liver, perhaps a high blood pressure which may disappear when they give up alcohol, and occasionally a glycosuria with perhaps a low blood sugar curve.

The above is the commonest alcoholic condition seen in private practice. It is the usual precursor of *delirium tremens*. If the subject gives up alcohol at this stage, a marked mental and physical improvement can be expected within two or three weeks. But it is usually from three to six months' time before he loses his fatigue and apprehensions.

Satisfactory results can be obtained at this stage by giving vitamin B<sub>1</sub> tablets in five milligramme doses three times a day. Glycerobarbital tablets also three times a day for three or four weeks are useful in many cases. On the whole, however, sedatives and hypnotics are best avoided. Too many of these patients give up alcohol only to become addicted to the barbiturates, bromides, or chloral hydrate, which they take in increasing doses, and their last state is worse than their first.

If he continues to drink, the patient's signs and symptoms become progressively worse. His insomnia becomes more acute; he becomes more tremulous; his fears increase and multiply. He becomes more deceitful, and goes to extreme lengths to conceal his stores of alcohol from others. His skin becomes drier, his liver more enlarged, his blood pressure higher. Previously his morning drink would make him comfortable for hours. Now it is effective for only an hour or two, and must be renewed at increasingly shorter intervals. A time comes when he spends most of his time in hotels. His work suffers, and he neglects his personal appearance. His downhill descent to the gutter has commenced, and, unless it is checked, it will go on with increasing momentum.

Convulsions are common at this period. They are true epileptic fits, and require no special treatment. For them the old aphorism, "No alcohol, no fits", holds good.

A time comes when the tremors become almost generalized. The patient may go for nights without sleep, and the darkness is made hideous by horrifying fears. He is now on the verge of *delirium tremens*, and hospital treatment is strongly indicated. Let him at this stage suddenly give up alcohol, or have an acute illness, or be confined to bed with a fracture and such like, and actual hallucinations may begin.

Fully developed *delirium tremens* is but an exaggeration of the symptoms described above. The tremors are generalized and so acute that the patient cannot even lift a cup to his lips. He is sleepless and restless. The restlessness is due entirely to the fears caused by the hallucinations.

The hallucinations vary from patient to patient. Usually they are a combination of the auditory and visual. Voices call him "a poufter" and "a bastard"; terrifying animals attack him; myriads of insects squirt fluid at him; electric currents are played on him; the devil sits on his chest and taunts him.

Sometimes the hallucinations are elaborated. A patient describes in detail a race meeting being held on the foot of his bed; another describes in great detail a competition amongst Chinese coolies in the tree-tops; some hold lengthy conversations on an imaginary telephone. Occasionally one sees an occupational delirium. A barmaid serves her customers all night; a ship's officer dives out of the window because he is in a sinking ship.

The restlessness and fears are accentuated by mechanical restraints, and by most sedatives, especially chloral hydrate and the bromides.

#### Treatment.

Hospital treatment is essential in the acute cases. Treatment at home, even in the milder cases, is seldom satisfactory.

The first essential is to get the patient to sleep. In the milder cases "Nembutal" grains three or two capsules of "Carbital" may be sufficient to ensure some hours' sleep. In the more acute cases give hypodermically hyoscine hydrobromide grains 1/100 to 1/150, morphine sulphate grains 1/4 to 1/6, and atropine sulphate grains 1/120. This may be repeated in three or four hours' time.

Paraldehyde acts as a cerebral excitant in alcoholics, and I have abandoned its use in these cases.

If the patient is still hallucinated when he wakes up, but not otherwise, give an ounce of brandy every three or four hours until the hallucinations disappear.

When he wakes up, give insulin 10 units three times a day, followed in half an hour by 50 grammes of glucose. This insulin is best given half an hour before meals, and is continued for a week. Occasionally one meets a violent insulin reaction. In this case, the insulin should be discontinued.

Vitamin B<sub>1</sub> in 100 milligramme doses is given hypodermically twice a day for a week. It may then be given in tablet form (five milligramme doses) three times a day for months. One may also give hypodermically nicotinic acid in 100 milligramme doses twice a day for a week or so. If the liver is very enlarged, liver injections are advantageous: two in the first week, and then weekly for three or four weeks are usually sufficient.

When one can be reasonably certain that the patient has had no alcohol for six hours or so, "Mephesisin", "Myanesisin", "Tolserol", or such like, is most useful in controlling the tremors. The drug causes muscular relaxation, and in many cases acts as an excellent hypnotic. Doses of from 0.75 to 3.0 grammes may be given every four hours for a day or two. In severe cases it may be given every two hours. Clinical judgement alone can decide the doses to be given, and their frequency. When the very acute symptoms have passed off, usually within twenty-four or forty-eight hours, the drug can be given as a single dose to control the anxiety turns which are frequent during the first three weeks.

Copious amounts of fruit juices and water are given for some days. No restriction is placed on diet, and usually the patient is eating normal meals within two days.

"Nembutal" or "Carbital" in three grain doses is given only for the first three nights. After that, the patient must learn to sleep naturally and normally. It is extraordinary, when a patient knows sleeping draughts will not be given, how well he sleeps.

Apart from those mentioned above, no sedatives at all are given. Patients not only do much better without them during the acute stages, but also they are not likely to become addicted to them in the future.

About the third week a violent reaction is common. This has long been known to heavy drinkers (but curiously enough is seldom mentioned in the text-books) as the "dry horrors". The patients become restless, anxious and very depressed. Convulsions are common, and in a few cases I have seen actual hallucinations occur. The symptoms pass off in a day or two. One gramme doses of "Mephenesin", "Myanesin", "Tolserol", and such like, three times a day for a day or two, give the best results.

It is precisely because of the occurrence of the "dry horrors" that the patients should stay in hospital for at least three weeks. If they are out of hospital they seek relief for their symptoms in alcohol, and too often another bout has been initiated.

Repeated attacks of *delirium tremens* are common in some patients. One attack predisposes to the development of others. The patients must give up alcohol. Whilst some may find sobriety in the antabuse treatment, I personally rely more and more on the methods of Alcoholics Anonymous. During the first forty-eight hours the patient is visited by members of that body. If he is interested he will study and adopt their philosophy; if not, he will keep on drinking, and further attacks of *delirium tremens* can be very confidently expected.

Alcoholics are notoriously difficult patients to treat. This is precisely because they are consummate actors and deliberately become very troublesome to get alcohol and repeated doses of paraldehyde, which confirmed alcoholics love, because it gives them a "lift". But if they know that their tantrums are of no avail, and that their bluff has been called, they settle down and become excellent patients.

The vast majority of patients with *delirium tremens* will conform to the description given above. Occasionally the symptoms are so acute that the patients must be sent to the Reception House. A few on recovery from their delirium will still have hallucinations or some mental confusion or other psychiatric symptoms. In these cases, the opinion of a psychiatrist should be sought.

During recent years the clinical picture of *delirium tremens* has been complicated by bromism or chronic chloral hydrate poisoning. Patients can purchase both drugs without a prescription, and take them in increasing doses to overcome the symptoms of alcoholism. Both can cause a delirium in which the patient becomes confused, restless and terrified. The terror and restlessness are so characteristic that the experienced psychiatrist can recognize them at sight.

The diagnosis of bromism or chloral hydrate poisoning must be suspected if the delirium lasts for more than a day or two. The treatment is much the same as for *delirium tremens*. If bromism is suspected, give normal saline, flavoured by lemon or orange juice, *ad libitum*; if the patient is sleepless, give a hypodermic injection of morphine sulphate, hyoscine, hydrobromide and atropine sulphate, as on the first night.

The symptoms pass off, usually abruptly, after four or five days, and the treatment is then the same as for *delirium tremens*.

S. J. MINOGUE,  
Sydney.

## British Medical Association News.

### SCIENTIFIC.

A MEETING of the New South Wales Branch of the British Medical Association was held at the Royal North Shore Hospital of Sydney, Crow's Nest, New South Wales, on April 17, 1952. The meeting took the form of a series of clinical demonstrations by members of the medical and surgical staff of the hospital. Part of this report appeared in the issue of August 2, 1952.

#### Arachnodactyly, Congenital Cardiac Defect and Acute Rheumatic Fever.

DR. F. H. HALES WILSON showed a boy, aged seventeen years, who had been well until three weeks before his admission to hospital on April 4, 1952. Then he had had sore throat, followed by pain behind the knees, fever and malaise,

and later, pain in the right shoulder. There was no family history of arachnodactyly. The patient's sister had died at the age of six years from heart disease of uncertain cause. On examination the patient was found to be tall and slender, with a high-arched palate and the typical fingers of arachnodactyly. His temperature was 100.2° F. and his pulse rate 100 per minute. The radial pulse and jugular venous pressure were clinically normal, and the heart did not appear to be enlarged. A thrill was palpable in the second left intercostal space at the sternal border. The first heart sound was obscured by a murmur; the second sound was loud and at the pulmonary area was split. A loud, rough systolic murmur could be heard maximally at the site of the thrill with a less loud blowing systolic murmur at the apex. The electrocardiogram showed a P-R interval of 0.22 second, but otherwise was normal. Three days after the patient's admission to hospital an effusion developed in each knee joint, and since then he had been treated with sodium salicylate. Dr. Wilson commented that congenital cardiac anomalies were associated with arachnodactyly in about 45% of cases. In the present case the cardiac lesion was probably a minor degree of pulmonary stenosis.

#### Polycythæmia.

DR. R. D. PUFLETT showed a married woman, aged fifty-five years, who, in July, 1951, had given a history of excessive fatigue and vague ill-health for about twelve months. She then had florid facies, very red lips and nails, and injected conjunctivæ. The spleen was palpable two fingers' breadth beneath the costal margin. The pulse rate was 80 per minute and the blood pressure 220 millimetres of mercury, systolic, and 140 millimetres, diastolic. The apex beat was displaced to the left, and the second aortic sound was accentuated. The urine contained a heavy cloud of albumin. A blood count revealed a total of 7,240,000 erythrocytes per cubic millimetre, a hæmoglobin value of 21.5 grammes per centum, a mean corpuscular hæmoglobin value of 30 microgrammes, and a total of 11,950 leucocytes per cubic millimetre, made up of neutrophile cells 80%, lymphocytes 17%, monocytes 1%, eosinophile cells 1%, and band forms 1%. The blood urea content was 33 milligrammes per centum and the urea clearance value was 54.6%. X-ray examination of the heart revealed left ventricular enlargement. She was treated with radioactive phosphorus, of which four millicuries were given intravenously in July, 1951, as well as venesection on four occasions, and an iron-free diet. The subsequent hæmoglobin value fluctuated, but by January, 1952, it had fallen to 11.5 grammes per centum.

#### Malignant Hypertension Treated with Hexamethonium Bromide.

Dr. Puflett also presented a married woman, aged fifty-five years, with a history of hypertension for five years. In April, 1951, she had begun to experience intense generalized headaches, worse behind the eyes. Soon afterwards her vision rapidly deteriorated, particularly in her left eye, until she could see no object clearly. Within three weeks hæmorrhages and extensive exudates appeared in the left eye. She had a blood pressure of 255 millimetres of mercury, systolic, and 140 millimetres, diastolic, displacement of the apex beat to the left, triple rhythm of the heart sounds, and an accentuated second aortic sound. Retinal examination revealed bilateral papilloedema, thickened arteries, venous nipping and hæmorrhages, with a large exudate occupying 75% of the lateral half of the left retina. The urine contained a trace of albumin. The electrocardiogram showed left-sided heart strain. The blood urea content was 52 grammes per centum, the blood urea clearance value was 66%. The piperoxane test failed to produce the required fall in blood pressure. The patient was given hexamethonium bromide by the parenteral route in a dosage of 100 milligrammes five times a day. With reduction of the blood pressure to 170 millimetres of mercury, systolic, and 110 millimetres, diastolic, the headaches were relieved and there was a slight improvement in vision. She was discharged from hospital on a dosage of 500 milligrammes per day taken orally. One month later she returned to hospital with progression of her eye signs, a macular star being present in the right eye, and a blood pressure of 210 millimetres of mercury, systolic, and 130 millimetres, diastolic. The dosage of hexamethonium bromide was increased in hospital, and ultimately a dose of five grammes per day was given. Dr. Puflett said that under this treatment her blood pressure had remained at an average of 170 millimetres of mercury, systolic, and 110 millimetres, diastolic. The exudates had been absorbed to a remarkable degree, the vision in her left eye had greatly improved, and she had shown general improvement.

### Gouty Arthritis.

DR. HAROLD DAVIS showed a male patient, aged sixty-two years, who had been under observation from time to time at the hospital since February, 1939, when he had been admitted to hospital with pyrexia and pains in the wrists and shoulders. While in hospital he had developed pains in the knees and elbows. During his stay of six weeks he had acutely painful swollen joints. At that time the result of the Wassermann test was negative, the blood sedimentation rate was 11 millimetres per hour, and the blood uric acid content was 0.6 milligramme *per centum*. Unfortunately no X-ray examination was made at that time, and he was regarded as having infective arthritis. He was given gold therapy, B.C.G. vaccine and salicylates. He next reported to the hospital in 1945, complaining of swelling of the ankles, knees and hands, and had a further course of "Myocrisin" with improvement in relation to symptoms. He had further courses of gold therapy in 1949, 1950 and 1951. In February, 1952, he appeared again at the hospital, complaining of further joint pains and of lumps around both elbows. He was referred to the surgical out-patient department with a suggested diagnosis of sebaceous cysts. However, the masses were recognized as tophi, and he was referred to the medical out-patient department, where he stated that he suffered from attacks of swelling and pain in the joints, sometimes lasting up to two weeks. For those he had taken large doses of aspirin with relief. After the attacks the skin became itchy. He said that alcoholic liquors were likely to provoke an attack, and so he no longer drank. He was not upset by any food, but rarely ate meat. There was no family history of gout. Examination of the patient revealed tophi on the right and left elbows, the right and left wrists, the finger joints of both hands, and one over the great trochanter on his left leg. A blood uric acid estimation showed a level of four milligrammes *per centum*, the normal value being less than one milligramme *per centum*. A series of X-ray films showed the typical features of gouty arthritis.

### Portal Hypertension Relieved Surgically.

DR. ERIC GOULSTON showed a male patient, aged forty-four years, who in 1940 had had hæmatemesis and was later diagnosed as having Banti's disease. The patient had felt well until 1951, when he began to feel weak and tired and become breathless on exertion. He also noticed that he was pale, and his motions had been black for two weeks. After several severe attacks of hæmatemesis he was admitted to hospital, and his hæmoglobin value was found to be 4.4 grammes *per centum*. His spleen was enlarged to the level of the umbilicus, but his liver was not palpable. He was given a blood transfusion and prescribed a diet with a high protein content (165 grammes per day). A barium swallow examination revealed the presence of oesophageal varices. Four days later he developed oedema of the legs and ascites, which did not respond to treatment with "Mersalyl", and *paracentesis abdominis* was carried out on three occasions; on the first of these ten pints of fluid were removed. He received blood transfusions every second day, and just before operation his hæmoglobin value was 9.8 grammes *per centum*. He was considered a poor risk for major surgery. At operation the splenic and hepatic arteries were ligated. Convalescence was uneventful, and the patient had been well since.

### Pyloric Stenosis due to Inhalation of Zinc Chloride.

Dr. Goulston next showed a man, aged twenty-four years, who in July, 1951, had inhaled the fumes when a tank of zinc chloride exploded. He had been treated in hospital and discharged a month later with keratitis and fibrosis of the larynx. One week later he had begun to feel "blown up in the stomach", and had visible prominence of the upper part of the abdomen. He suffered from flatulence and began to vomit old food. On such occasions the previous two days' food would be vomited. He lost weight rapidly. On his readmission to hospital his stomach was dilated and palpable, and a barium meal examination showed obstruction at the pylorus and a grossly distended stomach. After blood transfusion and stomach washout, a partial gastrectomy was performed of a Bilroth I type. Convalescence was uneventful, and the patient had been well since.

### Hiatus Hernia Causing Chronic Oesophageal Obstruction.

Dr. Goulston's last patient, a youth, aged thirteen years, had been first admitted to hospital in December, 1941, with a history of difficulty in swallowing since birth. A diagnosis of oesophageal obstruction had been made after X-ray examination at the age of two years. Oesophagoscopy and

dilatation of the obstructed area with bougies was carried out. X-ray examination ten days later showed the narrowing to be less, but he was readmitted to hospital six weeks later with a recurrence of vomiting. During the ensuing years repeated dilatations were carried out with temporary relief only. In 1943 he developed an ulcer of the oesophagus and had an attack of hæmatemesis, and again in 1945 the oesophagus became ulcerated in the lower inch and a half. Gastrostomy was performed in 1945, and he was fed through the opening during the periods when he was unable to take food by mouth. He was admitted to the Royal North Shore Hospital of Sydney in March, 1952, after a period of complete obstruction, and oesophago-gastrectomy was performed, the greater amount of the acid-bearing portion of the stomach being excised. Operation showed the condition to be the result of a long-standing hiatus hernia. The lower part of the oesophagus was thickened and stenosed. Since operation he had been eating solid foods with no difficulty.

### Popliteal Vein Section for Deep Vein Thrombosis.

DR. C. H. WICKHAM LAWES presented a married woman, aged thirty-seven years, who in 1942, fifteen days after delivery of a stillborn child, had developed pain and swelling of the left leg which necessitated confinement to bed for six weeks. The leg had been swollen ever since, but the swelling would subside completely with rest in bed for three days. Ulceration had started six weeks before. The previous ulcer had broken out at the end of 1949 and lasted nine months, healing eventually after five weeks in bed. Examination in July, 1950, showed the leg to be very swollen, with pitting oedema, pigmentation, dermatitis and the scarring of healed ulceration. A phlebogram showed impaired filling and irregularity of the deep veins. In November, 1951, the popliteal vein was divided under general anaesthesia, and in three weeks the rash had healed. At present the swelling and pain were much less, and the ulcer and rash remained healed.

A second patient presented by Dr. Lawes, a married woman, aged sixty-one years, had been treated in hospital in April, 1946, for lobar pneumonia. Deep vein thrombosis had occurred in the left lower limb, and she was not discharged from hospital until July. The leg had been swollen and painful ever since, and an ulcer had formed in 1947. Many forms of treatment had been used—Unna's paste, "Elastoplast", eusol, flavine, penicillin, lumbar sympathectomy and saphenous neurectomy (1949)—before she came to the vascular clinic. The ulcer, which was extremely painful, had responded best to treatment with "Ceranban" and "Viscopaste", but was unhealed on the patient's admission to hospital in November, 1951. Popliteal vein section was carried out, and the ulcer was healed on the patient's discharge from hospital and had remained so. Dr. Lawes said that the future outlook with regard to the ulcer was rather uncertain, as permanent healing of ulcers did not necessarily follow the operation. Of great interest and importance was the great decrease in pain and swelling of the limb.

### Appendiceal Abscess Containing Stercoliths.

DR. T. F. ROSE presented a man, aged twenty-seven years, who had been admitted to hospital with a five-hour history of colicky epigastric pain, vomiting and loose motions. On examination, he was found to be not very ill, though his tongue was coated. He was tender in the epigastrium, but there was no other significant finding. The urine was normal, as also was the temperature. On the next day, the pain radiated to the right hypochondrium and the temperature rose to 101° F. A vague tender mass was felt in the right hypochondrium. Plain X-ray examination of the abdomen showed what purported to be two gall-stones, and an excretion pyelogram revealed normal kidneys without calculi. Cholecystography was not performed as it was felt that the diagnosis was now evident. However, the mass slowly increased in size, the temperature rose to 101° F., and he had a neutrophile cell leucocytosis. Consequently, on the sixth day after his admission to hospital, the abdomen was explored. The gall-bladder was normal with no calculi. However, a large appendiceal abscess was found behind the hepatic flexure of the colon, being due to a ruptured retrocolic appendix, the seat of suppurative appendicitis. In the abscess cavity were two calcified stercoliths, which had simulated the gall-stones radiographically. The stercoliths, later shown to contain calcium, cholesterol and phosphates, were removed together with the appendix. Convalescence was uneventful. Dr. Rose commented that the patient illustrated an interesting and uncommon diagnostic trap.

### Fulminating Anaplastic Carcinoma of the Rectum.

Dr. Rose's second patient, a man, aged sixty-five years, had been quite well until a month before his admission to hospital, since when he noticed the passage of blood and mucus with his stools. He had noticed also some dyschezia, but no constipation. He had a continuous feeling of pressure in the rectum. Rectal examination revealed a very large friable mass on the anterior wall of the rectum, which seemed to infiltrate the prostate, as it felt fixed. It was ulcerated, and there was much blood on the examining gloved finger. Under a general anaesthetic, a biopsy of the mass was taken. Even during the anaesthesia the mass was fixed to the prostate. After microscopic examination of the specimen Dr. C. S. Graham stated: "This is a highly malignant newgrowth composed of the most part of spindle-shaped cells. It is so anaplastic that it is difficult to tell from the microscopic features whether this is a carcinoma or a sarcoma." A left inguinal colostomy was performed. During the convalescence from this, the rectum was examined, and it was found that the tumour had appreciably grown even in that short space of time. It had become more fixed anteriorly, though there were no abnormal urinary symptoms. Consequently, the patient was referred to Dr. Harold Ham, who advised a course of palliative deep radiotherapy. However, whilst he was undergoing this, the patient had a coronary occlusion from which he did not recover. Dr. Rose demonstrated a microscope slide which showed well the anaplastic nature of the tumour.

### Untreated Fracture of the Carpal Navicular.

Dr. Rose showed a man, aged sixty-seven years, who fifty years before had suffered from a "severe sprain of the right wrist", the exact mechanism of which he did not recall. Ever since then, the wrist had been a little painful and weak. In the last two years he had noticed a swelling on the dorsum of the lateral aspect of the wrist. Examination of the patient disclosed a cystic swelling in the anatomical snuff box which was fixed to the deeper structures. It did not move with the tendons. It was not tender. Beneath it could be felt a prominent, misshapen navicular, whose shape was different from that of the left one. Movements of the wrist were a little restricted, but were painless and not appreciably weaker than those of the left wrist. X-ray examination disclosed an old ununited fracture of the right navicular through the waist of the bone. The fractured surfaces were sclerosed. The navicular articulations with the radius and carpalia were the seat of marked osteoarthritis. Dr. Rose said that it was obvious that the condition was the end result of an untreated fractured navicular thought to be a sprain half a century previously. The so-called ganglion was a type of Baker's cyst analogous to that occurring in osteoarthritis of the knee joint. The patient had been originally referred to have the cyst excised, but it was decided to let well alone.

### Recurrent Nodular Thyroid.

Dr. Rose's next patient, a twenty-nine-years-old Scots-woman, had had a partial thyroidectomy in 1943 and again in 1947 in England. In 1951 she had migrated to Australia, since when she had noticed that the thyroid had enlarged again. She had never had any toxic symptoms or voice changes, but she now felt very tired. She had not lost weight. Examination of the patient disclosed a large nodular goitre. It was lobulated, smooth and firm. There was no clinical evidence of toxic or malignant changes. The well-healed scar of a collar incision was present in the neck. The basal metabolic rate was -18%. Dr. Rose commented that the patient presented an interesting example of how a thyroid gland could reconstitute itself even after two attempts at excision.

### Chronic Tuberculous Osteomyelitis and Arthritis of the Right Carpus and Forearm.

Dr. Rose showed a woman, aged seventy-three years, who for the past fifteen years had been suffering from a slowly progressive inflammatory process of the bones of the right carpus, metacarpus, radius and ulna with involvement of the intervening joints. Until five years previously the lesion had been confined to the bases of the second and third metacarpals and the lesser multangular and capitate bones. Since then, with frequent acute "flare-ups" accompanied by development of discharging sinuses on the dorsum of the hand and wrist, the process had spread throughout the carpus, radius and ulna. At the time of the meeting the sinuses were all healed, and the wrist and carpal joints were ankylosed by fibrous ankylosis which was quite painless.

The finger movements were normal. Dr. Rose said that the original X-ray films had been unfortunately lost, but the following findings had been recently reported: "Right wrist: There is disorganization of the right wrist joint and in the distal ends of the radius and ulna extensive punched-out erosions limited by thin bands of sclerosis are seen. These also involve the adjacent carpal bones. The whole of the wrist has a ragged woolly appearance. There is general osteoporosis." Clinically and radiologically the diagnosis was a tuberculosis process, certainly not a chronic pyococcal infection. Yet it was only fair to say that when sinuses had appeared and been explored, colonies of *Staphylococcus aureus haemolyticus* only had been grown from the discharge, which had been described as being glairy, mucoid, yellow and gelatinous. In 1947 culture had been carried out on Löwenstein's medium and a guinea-pig had been inoculated, but *Mycobacterium tuberculosis* was not found. A Wassermann test had yielded negative findings. Treatment had been conservative—namely, plaster immobilization with exploration and removal from time to time of small sequestra, which unfortunately had never been examined. The function of the forearm was excellent, and that *plus* the patient's age had guided the treatment.

### Squamous Carcinoma Arising in a Simple Breast Cyst.

Another patient shown by Dr. Rose was a married woman, aged thirty-four years, whose history was that she had noticed a swelling in the left breast for two months. The swelling had fluctuated in size, especially at the commencement of her menstrual periods when it would become tender. There was no discharge from the nipple. Examination of the patient had shown a firm, rounded, slightly tender swelling in the upper outer quadrant of the left breast about an inch from the nipple. It was smooth and not attached to the skin or deeper structures. There was no nipple retraction. There were no other swellings in that breast, and the regional lymph nodes were not enlarged. The right breast was normal. At operation the swelling was removed locally and appeared to be a simple unilocular cyst with smooth walls and full of clear fluid. However, Dr. C. S. Graham reported that in many places the cells from the deeper layers of the epithelium lining the cyst were invading the fibrous tissue wall, which suggested that the epithelium had undergone malignant changes. The cytological appearances of the cells—prominent nucleoli, hyperchromatic nuclei, and numerous mitotic figures—were those of carcinoma cells. The diagnosis was therefore squamous carcinoma arising in what appeared to be a solitary simple cyst. As the patient was very unwilling to have the radical operation, it had been decided, in consultation with the radiotherapist, Dr. F. Duval, to give her a course of deep X-ray therapy. Dr. Duval had stated that he had a similar patient who had been treated with deep X-ray therapy and was alive and well after fourteen years.

### Mediastinal Tumour for Diagnosis.

A married woman patient, aged seventy-five years, who was shown by Dr. Rose, had been admitted to hospital for investigation of left renal colic. The investigation had shown normal renal tracts with no evidence of what was causing the colic. Microscopic haematuria occurred for one day only. However, in her previous history it had been noted that she had had a retrosternal goitre removed at another hospital some fourteen years before. Examination of the neck and chest revealed the collar incision of the thyroid operation. The trachea was slightly deviated to the left. There was dullness in the first two right intercostal spaces anteriorly. The cardio-vascular system was normal. X-ray examination of the chest showed a rounded opacity lying to the right of the mid-line in the anterior part of the mediastinum apparently continuous with the aorta. The right hemidiaphragm was raised. It was suggested that she had a sacular aneurysm of the aorta or possibly a mediastinal goitre; in either case the right phrenic nerve seemed to be affected. Unfortunately, the patient had refused further investigation, so that further diagnosis was a matter for speculation only.

### Tumour of the Right Submandibular Gland.

Dr. Rose showed a man, aged sixty-nine years, who had had a large swelling in the right side of his neck for eleven years. It had slowly increased in size. It was never painful, nor did it change size after meals. Examination of the patient had disclosed a very large swelling of the right submandibular gland, which was well shown by a photograph that Dr. Rose showed. It was smooth, firm and not attached to skin. Examination of the floor of the mouth showed that

it was very easily felt bimanually. The submandibular duct was normal. Operation disclosed that the gland was replaced by this large easily enucleated mass, which had the appearance of a mixed cell salivary tumour, a diagnosis confirmed by later microscopic examination.

(To be continued.)

## Out of the Past.

In this column will be published from time to time extracts, taken from medical journals, newspapers, official and historical records, diaries and so on, dealing with events connected with the early medical history of Australia.

### A NEW APPOINTMENT.<sup>1</sup>

[*Sydney Gazette*, October 23, 1838.]

His Excellency the Governor we are given to understand has appointed Dr. Dobie R.N. Health Officer for Port Jackson, the office, which is a new one, being intended to supply the place of the Board of Health or Medical Board, usually appointed to visit emigrant or prison ships, where disease is reported to be on board, to decide whether the complaint is of such a nature, that the vessel may be allowed to come up the harbour or remain in quarantine.

Dr. Dobie's salary will doubtless form an additional charge on the Immigration Fund, already overburdened with a whole host of other charges, which belong not to it.

Though we agree with His Excellency, as to the propriety of such an appointment, it would have given us more pleasure had the Office of Immigration Agent for Sydney been amalgamated with it. There is not sufficient employment for a Health Officer for Sydney and the Immigration Agent has sufficiently little to do to enable him, had he been a medical gentleman, to discharge the duties of both offices, for which the salary he receives for one would have been ample remuneration. It seems to be considered at headquarters that a nibble from the Immigration Fund will never be missed.

## Correspondence.

### WEBER-CHRISTIAN SYNDROME: REPORT OF A CASE.

SIR: Dr. Birrell's report (July 26, 1952) is certainly of great practical and theoretical significance for all students of fat pathology and unusual skin conditions.

According to the author's figures, "the Weber-Christian syndrome is apparently very rare, only 36 cases having been found in the available literature to the end of 1950".

The dermatologic literature seems to include more cases than Dr. Birrell's source reveals. A review by William Bendel (*Archives of Dermatology*, October, 1949) mentions 43 cases already in 1949. In my opinion the syndrome is far more frequent than relatively scarce publications would have us believe. At present I happen to have under my care three private and one hospital patient (three females, one male). Dr. C. Robinson recently presented a very impressive case (female) at the meeting of the Dermatological Association.

Dr. Birrell's case deserves to be called classical. But the manifestations and the course vary from case to case. The fever need not be very marked or coincident with any fresh outbreak of the lesions. The nodules are as a rule very tender, and though described as "non-suppurative", may occasionally show ulceration. The resulting scars are depressed, pigmented and, if larger, closely resembling scars of syphilitic gummata.

Dr. Birrell did not pay much attention to the differential diagnosis, which, of course, is of paramount interest to the dermatologist. There exists a condition called nodular

vasculitis bearing great resemblance to the panniculitis. The subcutaneous sarcoid of Darier-Roussy, atypical *erythema nodosum* and lipogranuloma of Abrikosoff may also offer clinical and histological similarities.

In my experience large doses of penicillin are worth while trying.

201 Macquarie Street,  
Sydney,  
August 1, 1952.

Yours, etc.,  
F. GOLDSCHLAG.

## Post-Graduate Work.

### THE POST-GRADUATE COMMITTEE IN MEDICINE IN THE UNIVERSITY OF SYDNEY.

#### Week-End Course at Wollongong.

THE Post-Graduate Committee in Medicine, in conjunction with the Clinical Society of the South Eastern Medical Association, announces that the following programme will be held at the Wollongong District Hospital on August 30 and 31 and September 7, 1952.

Saturday, August 30: 2 p.m., "The Modern Views on the Radical Treatment of Cancer", Dr. Norman Wyndham; 3.15 p.m., "Ankylosing Spondylitis", Dr. Ralph Reader; 8 p.m., informal social function at the home of Dr. B. A. Cook, Park Road, Bulli, at which a film on "Gastro-Intestinal Cancer" will be shown.

Sunday, August 31: 10 a.m., "Recent Trends in Abdominal Incisions and Suture Materials", Dr. Norman Wyndham; 11.15 a.m., "Nephritis", Dr. Ralph Reader.

Sunday, September 7: 2 p.m., "Treatment of Common Gynaecological Conditions in General Practice", Dr. Malcolm Stening; 3.15 p.m., "Psychosomatic Medicine in Relation to General Practice", Dr. C. M. McCarthy.

The fee for the course will be £3 3s. and is payable in advance. Those wishing to attend are requested to notify Dr. Rawdon T. Suttor, Honorary Secretary, Clinical Society of the South Eastern Medical Association, 60 Kembla Street, Wollongong, as soon as possible.

## Naval, Military and Air Force.

### APPOINTMENTS.

THE undermentioned appointments, changes *et cetera* have been promulgated in the *Commonwealth of Australia Gazette*, Number 53, of July 31, 1952.

#### CITIZEN NAVAL FORCES OF THE COMMONWEALTH.

##### Royal Australian Naval Reserve.

Appointment.—William Ewan Sandover is appointed Surgeon Lieutenant, dated 27th May, 1952.

#### ROYAL AUSTRALIAN AIR FORCE.

##### Permanent Air Force: Medical Branch.

Donald Maynard Newman (013992) is appointed to a short-service commission, on probation for a period of twelve months, 2nd June, 1952, with the rank of Flight Lieutenant.

The probationary appointment of Flight Lieutenant B. Hartley (034368) is confirmed.

## Royal Australasian College of Surgeons.

### LECTURE BY PROFESSOR E. C. DODDS.

PROFESSOR E. C. DODDS, Sims Commonwealth Professor for 1952, will give a lecture on "Recent Advances in the Cause and Treatment of Cancer" on Wednesday, September 3, 1952, at 8.15 p.m. in the Stawell Hall, Royal Australasian College of Physicians, 145 Macquarie Street, Sydney. The meeting is open to all members of the medical profession.

<sup>1</sup> From the original in the Mitchell Library, Sydney.

## Congress Notes.

### AUSTRALASIAN MEDICAL CONGRESS (BRITISH MEDICAL ASSOCIATION).

THE Executive Committee of the Australasian Medical Congress (British Medical Association) to be held at Melbourne from August 22 to 29, 1952, has sent the following information for publication.

#### "Panel" Session on Antibiotics.

As a result of requests received following a notice in the journal about the "panel" session on antibiotics to be presented at 2 p.m. on Wednesday, August 27, 1952, the panel of speakers wishes it to be known that amongst the subjects to be covered will be the problem of bacteriological diagnosis of hospital infections, the treatment of septic abortion, the prophylactic use of antibiotics in surgery, the topical use of antibiotics, and the treatment of acute infections including pneumonia and meningitis. Other general aspects of the use of antibiotic drugs will also be discussed, but it is not proposed to include in the session any reference to the treatment of tuberculosis.

#### Meeting of the Christian Medical Fellowship.

The recently formed Christian Medical Fellowship will hold a meeting at the Royal Australasian College of Surgeons' Hall, Spring Street, Melbourne, on Sunday, August 24, 1952, at 2.30 p.m. Speakers will include Sir Philip Messert (chairman), Professor Lambert Rogers, Dr. Douglas Thomas and Dr. Eric Clarke. It is hoped that all doctors who appreciate the importance of spiritual values will attend this meeting, together with their wives.

Afterwards there will be afternoon tea at the home of Dr. R. W. Dungan, Lansell Road, Toorak. This will help visitors to become acquainted and may be the basis for friendships during the subsequent days of Congress.

## Medical Prizes.

### THE SHORNEY PRIZE.

THE Shorney Prize, established for the purpose of perpetuating the memory of the late Herbert Frank Shorney, M.D., F.R.C.S., lecturer in ophthalmology in the University of Adelaide from 1926 to 1933, will be offered for the fourth time in 1953, and will be for work in ophthalmology. The relevant clauses of the Statute are as follows:

3. A post-graduate prize to be called The Shorney Prize, of the value of £100, shall be awarded to the candidate who in the opinion of the examiners has made the most substantial contribution to knowledge in the subjects of ophthalmology or of diseases of the ear, nose and throat. The prize shall be offered alternately for work in ophthalmology and in diseases of the ear, nose and throat.

4. The recipient must be a graduate of an Australian university.

5. The material submitted for the prize may be either a thesis or published work in medical or scientific literature.

6. Each candidate must declare that the work described is his own.

7. The prize shall be offered for competition from time to time as the accumulations of the fund permit.

8. The prize shall be offered at least twelve months before the last day for the receipt of applications.

9. The prize shall not be awarded on any occasion unless in the opinion of the examiners the material submitted is of sufficient merit.

Applications, accompanied by three copies of the evidence which the candidates wish to submit in support, must reach the Registrar, the University of Adelaide, not later than July 31, 1953.

### DISEASES NOTIFIED IN EACH STATE AND TERRITORY OF AUSTRALIA FOR THE WEEK ENDED JULY 19, 1952.<sup>1</sup>

Disease.	New South Wales.	Victoria.	Queensland.	South Australia.	Western Australia.	Tasmania.	Northern Territory.	Australian Capital Territory.	Australia.
Acute Rheumatism .. ..	..	..	..	..	..	..	..	..	..
Amoebiasis .. ..	..	..	..	..	..	..	..	..	..
Ancylostomiasis .. ..	..	..	..	..	..	..	..	..	..
Anthrax .. ..	..	..	..	..	..	..	..	..	..
Bilharziasis .. ..	..	..	..	..	..	..	..	..	..
Brucellosis .. ..	..	2(2)	..	..	..	..	..	..	2
Cholera .. ..	..	..	..	..	..	..	..	..	..
Chorea (St. Vitus) .. ..	..	..	..	..	..	..	..	..	..
Dengue .. ..	..	..	..	..	..	..	..	..	..
Diarrhoea (Infantile) .. ..	..	..	2(2)	..	..	..	1	..	3
Diphtheria .. ..	1	3(1)	7(4)	2(2)	6(6)	..	..	..	19
Dysentery (Bacillary) .. ..	..	6	..	2(2)	..	..	..	..	10
Encephalitis .. ..	..	1(1)	..	..	..	..	..	..	1
Filariasis .. ..	..	..	..	..	..	..	..	..	..
Homologous Serum Jaundice .. ..	..	..	..	..	..	..	..	..	..
Hydatid .. ..	..	..	..	..	..	..	..	..	..
Infective Hepatitis .. ..	..	..	..	..	14(8)	..	..	..	14
Lead Poisoning .. ..	..	..	..	..	..	..	..	..	..
Leprosy .. ..	..	..	..	..	1	..	..	..	1
Leptospirosis .. ..	..	..	1	..	..	..	..	..	1
Malaria .. ..	..	..	12(1)	..	1(1)	..	..	..	13
Meningococcal Infection .. ..	5(3)	4(3)	2	..	..	..	..	..	11
Ophthalmia .. ..	..	..	..	..	..	..	..	..	..
Ornithosis .. ..	..	..	..	..	..	..	..	..	..
Paratyphoid .. ..	..	1	..	..	..	..	..	..	1
Plague .. ..	..	..	..	..	..	..	..	..	..
Poliomyelitis .. ..	7(3)	8(3)	..	16(7)	1(1)	1	1	..	34
Puerperal Fever .. ..	..	..	..	..	..	..	..	..	..
Rubella .. ..	..	33(2)	..	..	1(1)	..	..	..	34
Salmonella Infection .. ..	..	..	..	..	2(2)	..	..	..	2
Scarlet Fever .. ..	26(14)	25(12)	31(31)	9(8)	3(2)	21(4)	..	..	115
Smallpox .. ..	..	..	..	..	..	..	..	..	..
Tetanus .. ..	..	..	1	..	..	..	..	..	1
Trachoma .. ..	..	..	..	..	..	..	..	..	..
Trichinosis .. ..	..	..	..	..	..	..	..	..	..
Tuberculosis .. ..	21(15)	3(1)	14(4)	8(4)	19(13)	2	3	..	70
Typhoid Fever .. ..	..	..	1(1)	..	..	..	..	..	1
Typhus (Flea-, Mite- and Tick-borne) .. ..	..	..	1	..	1	..	..	..	2
Typhus (Louse-borne) .. ..	..	..	..	..	..	..	..	..	..
Yellow Fever .. ..	..	..	..	..	..	..	..	..	..

<sup>1</sup> Figures in parentheses are those for the metropolitan area.

## THE STAWELL PRIZE.

THE Stawell Prize, a memorial to Sir Richard Stawell, is open for competition. The amount of the prize is £30.

The conditions are as follows:

1. The prize shall be awarded to the writer of the essay judged to be the best on a subject selected annually.
2. The subject for 1952 is "Peripheral Vascular Disease".
3. The dissertation should be based on personal observation and experience of the writer.
4. The competition is open to graduates of any Australian university.
5. The trustees reserve the right to withhold the award.
6. Essays must be delivered to the Medical Secretary, British Medical Association (Victorian Branch), by 4 p.m. on March 31, 1953.
7. Each essay must be typewritten or printed and must not exceed 75,000 words in length.
8. Each essay must be distinguished by a motto and must be accompanied by a sealed envelope marked by the same motto, containing the name and address of the author.
9. The trustees reserve the right to publish the prize essay.

## University Intelligence.

## UNIVERSITY OF MELBOURNE.

THE eighteenth Halford Oration will be delivered by Professor E. C. Dodds in the Public Lecture Theatre of the University of Melbourne on August 21, 1952, at 8.15 p.m. The subject will be "Some Biochemical Aspects of the Problem of Aging". All members of the medical profession are welcome.

## Obituary.

## PHILIP SIDNEY PARKINSON.

We regret to announce the death of Dr. Philip Sidney Parkinson, which occurred on August 3, 1952, at Sydney.

## CECIL SIM.

We regret to announce the death of Dr. Cecil Sim, which occurred on August 4, 1952, at Sydney.

## Medical Appointments.

The following have been appointed members of the Council of the Queensland Institute of Medical Research: Dr. A. Fryberg (chairman, *ex-officio*), Dr. A. D. D. Pye (deputy chairman), Dr. J. I. Tonge, Dr. A. J. Canny, Dr. G. C. Taylor, Dr. W. H. Steel.

## Nominations and Elections.

THE undermentioned have applied for election as members of the New South Wales Branch of the British Medical Association:

Fallon, Peter Claude, M.B., B.S., 1950 (Univ. Sydney), 148 Avoca Street, Randwick, New South Wales.

Rosleigh, Pelagia, registered in accordance with the *Medical Practitioners Act, 1938-1950, Section 17 (1) (c)*, 163a Palmer Street, East Sydney, New South Wales.

Bear, Leonard Alexander, M.B., B.S., 1946 (Univ. Sydney), c/o. Flat 12, No. 2 Manion Avenue, Rose Bay, New South Wales.

## Diary for the Month.

- AUGUST 18.—Victorian Branch, B.M.A.: Finance Subcommittee.  
 AUGUST 19.—New South Wales Branch, B.M.A.: Medical Politics Committee.  
 AUGUST 20.—Western Australian Branch, B.M.A.: General Meeting.  
 AUGUST 21.—Federal Council of B.M.A. in Australia: Meeting in Melbourne.  
 AUGUST 21.—Victorian Branch, B.M.A.: Executive Committee.  
 AUGUST 21.—New South Wales Branch, B.M.A.: Clinical Meeting.  
 AUGUST 22.—Australasian Medical Congress (B.M.A.), Eighth Session, Melbourne.  
 AUGUST 22.—Queensland Branch, B.M.A.: Council Meeting.  
 AUGUST 26.—New South Wales Branch, B.M.A.: Ethics Committee.  
 AUGUST 27.—Victorian Branch, B.M.A.: Council Meeting.

## Medical Appointments: Important Notice.

MEDICAL PRACTITIONERS are requested not to apply for any appointment mentioned below without having first communicated with the Honorary Secretary of the Branch concerned, or with the Medical Secretary of the British Medical Association, Tavistock Square, London, W.C.1.

*New South Wales Branch* (Medical Secretary, 135 Macquarie Street, Sydney): All contract practice appointments in New South Wales.

*Victorian Branch* (Honorary Secretary, Medical Society Hall, East Melbourne): Associated Medical Services Limited; all Institutes or Medical Dispensaries; Australian Prudential Association, Proprietary, Limited; Federal Mutual Medical Benefit Society; Mutual National Provident Club; National Provident Association; Hospital or other appointments outside Victoria.

*Queensland Branch* (Honorary Secretary, B.M.A. House, 225 Wickham Terrace, Brisbane, B17): Brisbane Associated Friendly Societies' Medical Institute; Bundaberg Medical Institute. Members accepting LODGE appointments and those desiring to accept appointments to any COUNTRY HOSPITAL or position outside Australia are advised, in their own interests, to submit a copy of their Agreement to the Council before signing.

*South Australian Branch* (Honorary Secretary, 178 North Terrace, Adelaide): All Contract Practice appointments in South Australia.

*Western Australian Branch* (Honorary Secretary, 205 Saint George's Terrace, Perth): Norseman Hospital: all Contract Practice appointments in Western Australia. All government appointments with the exception of those of the Department of Public Health.

## Editorial Notices.

MANUSCRIPTS forwarded to the office of this journal cannot under any circumstances be returned. Original articles forwarded for publication are understood to be offered to THE MEDICAL JOURNAL OF AUSTRALIA alone, unless the contrary be stated.

All communications should be addressed to the Editor, THE MEDICAL JOURNAL OF AUSTRALIA, The Printing House, Seamer Street, Glebe, New South Wales. (Telephones: MW 2651-2.)

Members and subscribers are requested to notify the Manager, THE MEDICAL JOURNAL OF AUSTRALIA, Seamer Street, Glebe, New South Wales, without delay, of any irregularity in the delivery of this journal. The management cannot accept any responsibility or recognize any claim arising out of non-receipt of journals unless such notification is received within one month.

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